CAPACITY BUILDING

1998 CONFERENCE HIGHLIGHTS
18, 19, 20 SEPTEMBER 1998
MONTREAL, QUEBEC

Native Mental Health Association of Canada
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Table of Contents

Acknowledgements ---------- I

Conference Speakers ---------- II

NMHA of Canada: Board Members and Staff ---------- III

Conference Goals and Objectives ---------- IV

Friday Evening, September 18, 1998

BEGINNINGS

Message from Health Canada, Keith Conn ---------- 1
Meet A Mohawk Graduate ---------- 2
Keynote Speaker: Renee Taylor ---------- 2
Thanks to Renee ---------- 4

Saturday and Sunday Sessions

SPIRIT AS ULTIMATE CAPACITY
Leslie Block and Allen Balser ---------- 5

BUILDING CAPACITY BY STRENGTHENING RESILIENCY
Dustin Shannon-Brady ---------- 10

BUILDING CAPACITY AT COMMUNITY LEVEL
Kathy Absolon and Carrie Tabobondung ---------- 19

WESTERN AND ABORIGINAL MODELS: EXAMPLES OF CAPACITY BUILDING
Dr. John Hylton ---------- 27
Dr. Hylton, Session 2, ---------- 32

BALANCE FOR NATIVE COMMUNITY LEADERS AND WORKERS
Lisa Piotrowski ---------- 35

A STRENGTHS APPROACH TO BUILDING COMMUNITY CAPACITY
Collin Van Uchelen ---------- 39

ATTACHMENT AS THE FOUNDATION FOR CAPACITY BUILDING
Dr. Kenneth Harrison ---------- 47

Table of Contents

MAKING WAVES-CAPACITY BUILDING BY CONNECTING INNER AND OUTER WORLDS, Bill Mussell and M. Terry Adler ---------- 55

PRINCE GEORGE HEADSTART PROGRAM - BUILDING FOR THE FUTURE, Mary Clifford ---------- 66

Notes from Second Session, Mary Clifford ---------- 68

THE EXPERIENCE OF THE MIKON PROJECT AMONG ATIMKAMEKU NATION, David Bovin, Wemolaci; Melanie Petiquay, Manawan; Ronald Anashish, Opetciwan ---------- 72

APPENDICES

1) Prince George Headstart Progam, Mary Clifford

Presentation Handouts: Aboriginal Headstart Initiative
Family Goal Setting and Planning
Visions, Opportunities, Strategies, Other Ways...
Program Mandate: Aboriginal Headstart Initiative

2) Making Waves-Capacity Building by Connecting Inner and Outer Worlds, Bill Mussell and M. Terry Adler

Presentation Handout: Workshop Description
Instrumental Enrichment Cognitive Functions
Mediated Learning Experience and Classroom Activity

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The Highlights were prepared by the Native Mental Health Association Staff and Board Members.

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IV
GOALS AND OBJECTIVES

GOALS

To provide a forum for those who share an interest in mental health matters related to Aboriginal peoples, including community health workers, addiction counsellors, social workers, teachers, health educators, nurses, policy makers, psychologists, clergy, volunteers, healers and community leaders to share experiences regarding present realities and "challenges for change" facing Aboriginal peoples in Canada.

OBJECTIVES

At the end of the conference, participants may expect to:

1. identify the depth and range of tasks requiring attention as Aboriginal families and communities strive to become self-caring, self-determining, and self-governing on and off reserves;

2. name practical strategies that can be employed to assist families and communities to become stronger socially, economically, and politically on and off reserve;

3. discuss ways community workers and leaders, individually and together, can modify their attitude, knowledge and skills, and thereby empower self and assist others to learn how to learn;

4. improve ability to express challenges facing Aboriginal families and communities as they tackle the effects of inter-generational colonization and strive to attain social justice within and outside of their communities;

5. identify ways and means that outside human resources may become meaningful inside sources of assistance as families and communities strive to manage effectively capacity building goals.

The opinions and views expressed in this publication are those of the presenters and speakers and do not necessarily reflect those of the Native Mental Health Association of Canada, or the funding agencies, and foundations that supported the conference.

FRIDAY, SEPTEMBER 18, 1998

BEGINNINGS

Mary Coon, NMHA board member, opened the conference with a prayer.

Joan Glode welcomed everyone. Of all the associations she supports, this is the one she most values because it keeps her grounded. She introduced Bill Mussell, the association's chairman.

Bill greeted everyone with the reminder that this is the 9th annual conference. He reviewed the resources available at the conference, Dr. Brant's collected writings, and other material. He called upon Joan to introduce the first of two speakers of the evening, Keith Conn.

Message from Health Canada: Keith Conn

Joan has been working with Keith, program manager for Health Canada, responsible for implementing the on-reserve head start program. Keith is Cree from Moose Factory, James Bay Region; he has a long history doing Aboriginal programming. He has been a partner with the urban and northern programs, and he is working to develop a program for the on-reserve populations.

Keith stated that this is a timely conference, as it focuses on capacity building and deals with the challenges faced on a day-to-day basis in communities. His department is trying to develop a framework for dealing with mental health issues in Aboriginal communities. On-going consultations are underway to develop an Aboriginal Health Institute.

Consultations are underway to develop an Aboriginal Health Institute. It will be important for mental health workers to seek out opportunities to provide input in terms of mental health priorities and how the Aboriginal Health Institute might best address this area. People interested in participating through a survey or regional meetings should get in touch with the Assembly of First Nations Health Secretariat.

This conference is important for feeding into the process of developing autonomy and self-control. It builds on the Royal Commission on Aboriginal Peoples report. No one group can deal alone with mental health challenges. All groups in Canadian society must be engaged in this difficult process.

The proceedings of this conference will be very important to Medical Services in its efforts to deal with Aboriginal mental health issues.

Meet a Mohawk Graduate Student

Joan introduced Gahawie Jacobs, a Mohawk from Ganawage, a masters student in psychiatry at McGill University, and a member of the mental health research team in Montreal. Collaboration with community members is essential when the community is the subject of the research. Not much research has been done on urban Aboriginal populations. The research she is involved in is trying to identify the barriers to Aboriginal access to mental health services. At present, the data is being compiled and she would be glad to share it with others. She welcomed everyone to Montreal.

KEYNOTE SPEAKER: Renee Taylor

Bill introduced Renee Taylor, from the Kwakiutl Nation. She is a lawyer on the faculty of the Law School at the University of British Columbia and has been working for the past few years as a member of the Vancouver-Richmond Health Board. Because of her involvement in health and legal issues, her cultural background, and familiarity with Aboriginal history, she was invited to be our keynote speaker.

Renee expressed her pleasure at being here and greeted the group in her own language. Because of the difficult health concerns in her own community at Alert Bay, she has been involved in health issues for many years. Growing up, she heard the expression "he/she went Indian," which meant someone got drunk and became violent or participated in a blockade. Everything associated with the poverty and hardship of life was pathologized because of the impact of the colonial realities imposed on First Nations. The healthiest person in the First Nation community is sometimes viewed as the sickest, because s/he is resisting the colonial stereotypes.

Biological and social determinants are usually associated with health. Renee believes the social determinants are the most critical of these.

Each community has its own history and its own degree of severity of social conditions. Conditions in her community are actually getting worse even though incomes are increasing and settlements are imminent regarding resources and empowerment. Why?

Let's look at the addictions issue. Some communities are taking the abstinence stance; others are taking the Clinton stance. It should be the community that informs the leaders and service providers of its needs and how it wants to meet these.

This is the most difficult, yet potentially the most opportunistic, time in our history, when we can truly take charge of our own affairs in the truest sense of the word.

Do we need healthy counsellors? Sober addictions workers? Yes. What makes workers able to function and give strength back to the community? Invariably, they have spiritual values, have experienced healing of their minds, bodies, and spirits. Their lives are in order. They have strong traditional values. We have to support these people and keep

them going, while we make the shift to even more responsibility. If we look after these people, we minimize burnout, and support them as role models for young people.

Just a few weeks ago, in her community, three young people died in a car crash. Drinking was involved. Everyone in the community was affected. Who did the people turn to? The front line workers. We need to uphold these people.

Unless we have control over our own destinies in the fullest sense of the word, we have no control over the casualties. When the quality of life improves, you see a decrease in despair and addictions.

I fear that there are too many people who have studied Indians for so long, and offer programs designed from elsewhere, that don't fit a particular community. For example, medical models look at a person as having a pathology, a PTSD, and focus only on the "identified patient", without taking into account relatives.

Residential school affected up to five generations. The government is offering a residential school compensation program; yet in British Columbia, the government is fighting in the courts to prevent victims from receiving compensation.

I do not like the medical model. I like the catastrophe model. It describes better what happened in our communities under the impact of residential schools; shock waves affected everyone. We have to understand that the trauma was felt everywhere; parenting skills were interrupted. A catastrophe model makes it easier to see the resistance model and to know that it could have happened to any one of us.

We build on strengths, on the little bits of resistance. When a child refuses to go to school, do we call him a dropout, or do we find out why? Do feelings of isolation, lack of opportunity, or other reasons lead to the refusal?

I do not come here with answers--my community is grappling with these issues now. When you use the resistance model you leave guilt and shame behind. The moment you realize it wasn't your fault, you begin to take responsibility for what you can do.

When we look at cultural imperatives that come from our own histories that dictate what our belief systems are, we move from wardship to autonomy. These imperatives inform who we are. In our communities, we have to work hard on restoring our families and kin structures. These provide a sharing of responsibility for children and offer broader learning experiences.

We have to plan ourselves for what we need, not what others tell us we need. We need to know our own histories, to see that we were a colonized people and that the only power the federal government was prepared to turn over was the colonial power (neo-colonialism).

We have a proud, heroic history that tells us today that we can make these decisions by utilizing all the resources that we have in the community; we can move from wardship to autonomy.

We need to identify the resources that people have and to help people stop feeling bad about themselves.

The head start programs will be the foundations of our nations. Parents need to come into the schools to teach history and values. Curriculum should include traditional practices and should allow for and encourage building on the students' own cultural and personal experiences. We have to find healthy forums for kids to talk about their lives.

In the post-secondary sphere, Bill raised the need for healing and grieving and other issues that might interfere with learning. In setting up our institutions, we need to provide a framework for accommodating diversity of beliefs and practice.

Restorative justice provides models of justice that involve alternatives to jail. I have been involved in developing some of these. One example is the healing circle in the Bishop O'Connor case. When Bishop O'Connor attended the healing circle he apologized only to God and said he intended no harm to the women involved. I disagreed with the use of a healing circle in his case. The bishop did not have to face the injured people on a daily basis, sharing community life with them. Communities need to decide whether or not they want to take on issues of alternative justice.

My job tonight, as keynote speaker, was to raise issues and to present aspects of the discourse.

I wish you all well with your deliberations.

Thanks to Renee

Bill thanked Renee for ending on the note that, in spite of the suffering people have endured in their lives, once they grieve their losses and make the decision to live, and embark on a healing journey, they prove to be valuable people, stronger for having come through pain. Those who know what it is to be oppressed and experience healing will be our redemption.

That we must take on the support of the helpers and healers in our communities is a powerful message! We must show them that we truly respect and value who they are, what they do, and how they do it. Thank you, Renee, for drawing this need to our conscious awareness.

We need to hear clearly other people's perceptions of our realities and the challenges we face in order to enjoy mental health. Thank you, Renee, for sharing your perceptions of realities, challenges and things to come.

SATURDAY MORNING, 19 SEPTEMBER 1998

SPIRIT AS THE ULTIMATE CAPACITY

Leslie Block & Allen Balser

INTRODUCTION TO THE SESSION

"Capacity building" has become the new buzzword of human resource delivery in the 90's, with many practitioners expressing the philosophy with a limited perception of what this might mean. Often, the perception is that capacities are within the realm of physical and mental resources (body/mind), while there are other less tangible and often more effective capacities within the realm of emotion and spirit. This understanding of the more ethereal capacities is effectively illustrated by the Cree Indian's medicine wheel, which teaches us that capacities of both the individual and the community are derived from balance in all the areas.

With the movement to develop communities (body) in the 60's and 70's, and to facilitate development (mind) in the 80's with the further focus on empowering development in the 90's (emotion), it is imperative for practitioners to look to the ultimate capacity, the capacity of spirit.

Objectives of the Session:

- *To enhance the participants' understanding about capacity building.*
- *To present a model that facilitates functional integration between the native circle and the predominant western culture's linear and/or hierarchical models, bring greater insight into the value differences, as well as similarities, as they relate to understanding capacities.*
- *To introduce participants to the capacity of spirit and emotion within their selves, parents, families and communities.*
- *To provide participants with insights and practical tools that they can utilize for both uncovering and furthering the capacities within their communities.*

THE SESSION

Les began by welcoming participants and inviting someone to say a prayer. Jacinthe Connelly offered a prayer in French.

Allen began with a story, because, as he explained, stories have power and bring people together. This story has to do with caring for the caregiver, whose capacity begins with caring for his or her own spirit. The story is about Allen's beginnings as a caregiver for the mentally handicapped. He witnessed many needs on the part of the caregivers themselves, as well as needs of the clients. One incident was memorable. It concerned the breakdown of a caregiver who lost control in the face of an autistic girl's incessant crying. This man went into the quiet room where the child was placed and beat the

weeping child. Allen discovered them afterwards, both weeping together after the beating.

As Allen reflects on this now, he believes that when we lose our spirit we lose our infinite connection with the Creator and fall back on the finite limited physical world. When we can recognize spirit in ourselves, on a daily basis, we can recognize it in others.

What is capacity? It is a key question. *Allen perceives capacity as the vessel or container, and the question is: how do we each fill it?*

We surveyed people in a number of communities about what they believed their assets were. Being involved in this process, I realized that the focus was only on the physical and the mental human capacities.

I hope today we can bring people to see and value the less tangible assets that often get by-passed in our communities; assets that are not bricks and mortar, but the spiritual ones.

Les invited participants in the circle to introduce themselves and identify their sacred assets. Allen recorded these and the list included:

- capacity to be with the children; modeling, listening, caring;
- hopeful, resourceful, identity;
- teamwork, sobriety;
- respect, mutual respect;
- blending Euro-Canadian ways of helping with Native ways of healing; ability to learn;
- link with the Creator;
- volunteering, helping and giving in the community;
- sobriety, happiness;
- my spirit to be more free;
- helping and giving;
- gift of forgiveness;
- looking for the good in people, looking for similarities in people;
- capacity to help people become more whole as human beings, and to do the healing they need to;
- capacity to transfer hope, help young people make their dreams come true and prayers for the youth;
- capacity to touch people, without words; and to listen with my heart and take only what is good for me;
- fun;
- to listen to children, not just with my ears;
- new found capacity to feel;
- capacity to nurture and to love, to learn;
- to listen to people;

- to learn from your past and to find your spirit; not to get stuck in your losses and grief, find something good in it;
- to know what your wellness looks like.

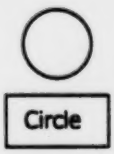
Participants included people from Saskatchewan, Ontario, Alberta, New Zealand, British Columbia, Quebec, Cape Breton, and Nova Scotia.

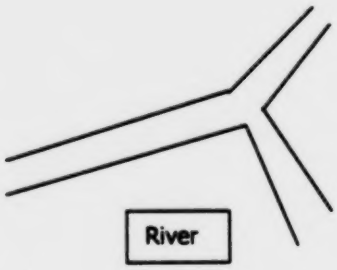
Les: We ourselves can best define our capacities and our spirits and as we do so, the spirit moves within us and puts us in a place of healing. When we listen with our hearts, we hear more than can be put into words. It is an important shift for me as a psychologist to move my attention from the negative (from pathology) to the positive, in order to help people move out of the physical, mental, emotional and spiritual prisons that they are in.

Allen: As children, we use models to create pictures to communicate our meanings. I am going to use some now to explain some things.

Metaphorical Models

Tree





Many cultures of the world try to convey meanings in visual symbols. There are strengths embodied in each one. I am going to share with you some models we use in our work. One is the Medicine Wheel; another is the line.

The line represents the measurement model, the Western perspective. How do you measure spiritual outcomes? The circle has great power. When our spirit grows so does the size of our medicine wheel, the extent of our capacities. If we don't address spirit, the circle becomes smaller and smaller. We must recognize the power of spirit in broadening our circle.

Spirit often comes to us in dreams, which are a link to the Creator, and in our visions of a healthy community. Once people see how they can create their visions, that is powerful. The challenge is determining how to embody our dreams and visions.

A participant commented that he faces the challenge of evaluating Aboriginal programs. He has found that the measures cannot be success, because they imply failure; they imply that progress must be measured in terms of growth.

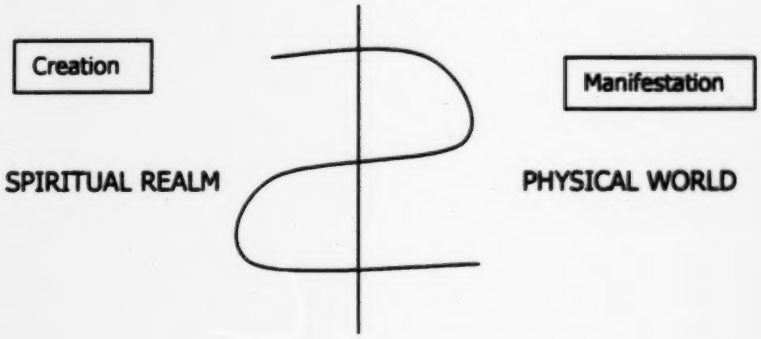
Another participant commented that he has seen the spirit growing and returning to the community he works with. He has seen the value and importance of dreams and has received teachings about the meaning of certain dreams.

The young woman from New Zealand shared that she translates things she hears into dreams and images. She read some thoughts she had in response to Renee's keynote speech.

Dustin commented that Jungian psychology teaches about the development of the self as a spiritual quest. He commented on the dangers of the inflation of spirit that some young people particularly experience when they feel that they are Gods and end up killing themselves. We need to ensure that spiritual development is balanced and grounded.

Allen extended this further. He asked, "how can we bring spiritual growth and development back into our lives and communities?" Burnout is something related to "flameout", when the light goes out within you.

We can represent imbalance and balance by a wave, each side representing the spiritual, and the material and the movement that integrates the one with the other. BODY MIND EMOTIONS SPIRIT must all be aligned to grow to a level of greater consciousness (awareness). Too often people look for solutions only in the physical world (money) and/or the mind (science and research). Too often emotions and spirit are forgotten as a resource.



Dustin: Many youth today try to get to spirit through alcohol and drugs. They need to learn other traditional ways to develop spirit and stay healthy.

We need to remove the rules that prevent us from achieving our capacities. We must try to replace rules that limit us. We have to examine the limits or boundaries that may block us from developing our capacities. We have to critically assess whether the rules are truly traditional or a modification of Catholic teachings.

Allen spoke about the importance of clarifying your intent when you go into the sacredness of a person's heart and home. Simply ask yourselves, "what is my intent at this

moment?" Is it to be part of the problem or the solution? Put your hands together to feel their warmth, and ask yourself this question; answer by affirming that you are part of the solution. You can put your hands on your eyes to give this warmth to yourself.

Grizzly Breath, an exercise Allen learned from an Elder.

Take some deep breaths. Get into the flow of your breath.

The next series of breaths you take are for the Creator who makes no mistakes. Out of the divinity of the Creator you were created, in strength and capacity.

The next breaths you take are for you, for the wonder of you, the humble, giving, powerful you.

The next breaths are for you and your walk with the Creator. Long after you think your journey has ended, the Creator will carry you in love and caring.

BUILDING CAPACITY BY STRENGTHENING RESILIENCY

Dustin Shannon-Brady

INTRODUCTION TO THE SESSION

Psychological resiliency is a key component of building capacity to function effectively in personal and community life. Developing a clear understanding of the nature and value of psychological resiliency will be vital to fostering a healthy way of living within native communities.

The purpose of the session will be to outline the key components of psychological resiliency as it relates to building capacity for health and wellbeing within persons and communities. Participants will have an opportunity to learn about assessing their own capacity to develop resiliency and experience the applications of resiliency skills applicable to their own communities.

In this presentation you will have the opportunity to:

- *learn four important principles of psychological resiliency*
- *assess your own sense of resiliency as it relates to building the capacity for health and wellbeing, and*
- *experience imagery and belief skills that can be useful in promoting personal empowerment and psychological resiliency.*

THE SESSION

What I liked about the conference last year was that the language was very healing. After spending so many years at a university where the language is scientific, it was refreshing to participate in an environment that was helpful to myself, personally and professionally.

Self-awareness and self-knowledge are two of the prime values I live by. I believe it is important to pay attention to your own self.

The task I have set for myself today is to give you a knowledge base (scientific knowledge about stress) and to suggest how to apply that knowledge in a practical down-to-earth level.

There are two sides to the work: first, healing the traumas, and second, moving beyond this to development and continued growth.

To complement the model of how we become ill, health psychology has developed a model of how we stay well.

In this presentation, I will first share some knowledge with you; then, I will allow you to go inside to reflect on what makes for resiliency in you.

A metaphor for resiliency is an Indian rubber ball. Resiliency is flexibility on all levels--mental, physical, emotional, and spiritual. It is the ability to bounce back. Our egos and belief structures tend to be somewhat rigid. When we lose our connection with self, we are no longer as resilient. What's more important is the image each of you has for resiliency both for yourself and your community. You need to find that image, those thoughts, memories, and visions, that make you resilient.

One thing I learned in psychology is that in spite of all our efforts, what really matters is what people themselves think and do. How do we get the person to be empowered and to create the belief structures, images and relationships that lead to a healthy lifestyle? This is the foundation of health psychology.

First Nation cultures have the advantage of having access to sources of wisdom that others have lost. Wholeness involves integration of the left and right brain, the emotions and the body, etc. We have to develop a whole range of capacities inside ourselves.

Health psychology attempts to access the wisdom within the soul of every human being. The greater the self-awareness and self-knowledge a person has the more a person remembers; the more a person reclaims the transpersonal knowledge and memories available to us. There are many influences in society that prevent us from accessing this knowledge.

Wisdom makes you incredibly resilient. We are now undergoing a spiritual renaissance of reclaiming this knowledge.

We can teach people how to be aware of the processes that go on in our minds and bodies. People can learn how to transform their thoughts. This influences how spirit flows through us. If we are full of fear and hate, we block the flow of spirit or don't know how to handle it. We must know how to ground wisdom, thought by thought and action by action.

The growth towards enlightenment of self is gradual; it must not be too fast, because that would be too powerful.

Light Feather

A story that illustrates resiliency is about a Native woman that I counseled called Light Feather. She suffered multiple occurrences of sexual abuse as a child, got into alcohol and drugs, and experienced more sexual abuse, and became numbed out. She had a small daughter, a ray of hope. She was very tight, closed in, not very resilient. We did relaxation and meditation work which helped her become more grounded. Then we did image work.

The image that worked for her was one of a huge ball wrapped with many different tight bands. She drew it and began to describe it as a ball of pain. Gradually, she began to unravel the ball, and with this came memories back to age three. With this, she released

her feelings and made significant gains. In one workshop, she saw the image of a large eagle father fluttering to the ground, with her in the corner, watching, as a tiny person.

She began to discover the meaning of that feather, and along with those insights, began to change her life in the present and began to let go of the pain. For me, this is a good example of what the transformative process is and what effect it can have.

Health psychology has accumulated 30 years of research in six categories that provide a framework for considering health:

1. emotions and health
2. personality and health
3. social support and health
4. spirituality and health
5. perceptions and health
6. outcomes and interventions

The principle behind health psychology is to empower people to become active and effective agents in disease prevention, health recover and health enhancement; it is also concerned with understanding the integration of the spirit-mind-body and social dimensions of health. Health psychology has been able to measure these things, and thus, demonstrate them.

I want to comment upon the following:

1. The mind-body relationship looks at how your body responds to stimulation.

2. The scientifically proven changes in your body chemistry, such as heart rate and hormones, that accompany various attitudes and emotions.

3. How attitudes and emotions actually affect your immunity from disease.

4. Healing power of your mind and spirit.

Great people are those who see that spiritual force is stronger than any material force (that thoughts rule the world).

Many people do not believe that their minds control their lives; they believe external agents control them. Thus, they abdicate responsibility for directing their own lives.

Emotional health or illness is related to chronic illness or health. A good adaptive style is related to health. Poor adaptive style is related to illness/morbidity. Adaptive styles are learned and can be taught.

Out of control emotions lead to disrupted homeostasis. A high percentage of physical /somatic illness has strong emotional roots.

- We feel our emotions in our bodies. We "burn" with anger, "tremble" with fear, feel "choked up" with sadness, and our stomach "turns" with revulsion.

- Everybody tends to experience unpleasant emotions as unpleasant bodily symptoms and thus feel physically distressed when emotionally distressed (the reverse is also true).

By lowering the tension level, we allow our bodies to heal. By generating a relaxation response, we allow repressed issues to surface and be dealt with, resulting in more vitality.

Positive emotions strengthen the immune system. Chronic negative emotions weaken the immune system. Stressed people show greater vulnerability to a variety of illnesses. The brain masterminds the nerve impulses throughout the body through the neural hormonal nervous system.

The inability to express emotions leads to the development of disease. Emotions send chemical messages to the brain that alter involuntary physiological responses. Stress is implicated in many diseases.

The human body can be conceived of as a five million-year-old healer with an internal pharmacopoeia of neuro-peptides, neuro-endocrine secretions, and immunological responses that promote healing.

Disease resistant personality: Suzanne Kobasa.

Our response to stress, rather than the stress itself, influences outcomes. Distress is also related to attitudes and coping styles. Eight things are crucial to managing stress:

1. social support
2. self-esteem
3. sense of control
4. optimism
5. physical fitness
6. coping styles
7. sense of humour
8. hardiness-personality

The basic work of health professionals is to become full human beings and to inspire full human beingness in other people who feel starved about their lives. Chogyam Trungpa.

We have to learn how to nurture ourselves on the psychosocial level.

Love stronger; live longer.

The more you shut down any of your feelings, the more you deplete your capacity for feeling. People need permission and safety to feel their feelings. Spiritual strength is bound up with your capacity to love.

When we get into the right relationship with soul dimensions of life, we can resolve stress and pain. Spiritual counselling increases connection to the core values and principles of stress resiliency.

Four Principles of Resiliency

1. developing sense of empowerment and control over self and ability to respond to the world around you;

2. developing sense of meaning and purpose (a personal thing);

3. developing sense of connection and support; and

4. developing a sense of optimism and hope.

These have to be personalized.

Look at these four principles of resiliency, and assess yourself on a scale of 1-10 on each of these points. Write one and two phrases to explain why you have rated yourself as you have. What could you do to strengthen yourself in this respect? Share your insights with a partner.

Example:

1. I am working not on changing the world but on changing my mind about the world.

Now, I would like you to think about the one area that you want to grow in and create an image in your mind that will help you to accomplish that.

In closing, I will share with you the image of a peacock feather, which has meaning for me. The peacock feather symbolizes the descent of grace into your life. Grace is the ultimate symbol of resiliency.

Finally, I will share a quote from Robert Johnson. "In Balancing Heaven and Earth", he talks about the universal stages we go through in life:

1. One first encounters the darkness, despair and depression of life, the Nigredo. We have to deal with this. If we have the coping skills, we can.

2. Then, one encounters the brightness and exhilaration of life. This is the Albedo.

3. This leads to passion and competence.

4. Finally, we experience the Citrino, or the goldness of life. This is insight, wisdom, and inspiration.

When you have accomplished these four stages, you have the right to the Pavanes (the peacock's tail), which has all the colors complementing each other in a sublime pattern. If done well, you have the splendor of life as the reward. If it is poorly done, you get a medium brown, the mixture of all the colours of the rainbow.

Dustin ended his session with a poem that spoke of the mystery of life, and indicated that, to live fully, we have to open ourselves up to the wisdom within us.

SESSION II by Dustin Shannon Brady (Sunday Morning)

Inner Self

It is connected to ourselves as our greater self; it moves out to other realms; it is part of study of social psychology.

Dustin's Mission

He "liked to help people"; he saw that people needed to do their own healing. He recognized that the conference's emphasis is on the caregiver being cared for. This core value is what empowers others as caregivers.

Wisdom is within each of us. Too often we look outside ourselves for this wisdom. This is a "projection of our alchemic goals" (Jungian). These ideas come from the field of health psychology. We will consider how this field looks at resiliency.

The academic model is a dynamic model of resiliency. It is also a practical, applied concept that integrates knowledge and experience; together, these equal wisdom.

The foundation of resiliency is wholeness.

The power of our language leads to very important awareness. Culturally, language has been fragmented. We must integrate the way we use language. The Native community is poised to bring to the world the "language of healing".

Mind-Body Relationship

We need to pay attention to how one uses the mind to translate one's ideas into the body; for example, some people use self-talk to express their thoughts. Building blocks are integral to this process.

CASE STUDY OF LIGHT FEATHER, A YOUNG WOMAN

The primary image is that of a big, black ball of yarn that was tied up.

"Words unravel our experience." Light Feather experienced multiple types of abuse, drinking, and painful anger, and rage.

As she unravelled the ball, this energy began to flow.

While she was accessing the images, it became apparent that her healing image was the "eagle feather". She drew the eagle feather.

"We need to develop a relationship with the image". As she listened to the image, she became stronger. First, she needed to forgive herself because she was paralyzed with guilt. She confronted people in her own community and moved beyond her situation.

She moved from being a locked up human being to a very vibrant person.

She was free and as light as feather, thus the name 'Light Feather'.

"Each of us must become more knowledgeable at all levels: mind, body, emotion, and spirit."

Health Psychology

Thirty years of research breaks health psychology into different categories:

1. Emotion and Health
   -what is going on in your body?
   -emotions influence your body chemistry;
   -personality influences how one handles stress; and
   -an optimistic, positive outlook leads to resiliency.

2. Social Support and Health
   -support structures; and
   -stressors are the 'silent killers'.

3. Spirituality and Health
   -spiritual energy supports vitality and connectedness to the Creator; this has been clinically identified in research.

4. Perception and Health
   -reframing of the problem; why are the perceptions important? You cannot0 change circumstances; however, you can change how you perceive them.

Health Psychology Field

There are vast amounts of research; we must look at the trends in the research.

Our mandate is to empower people to be able to look after their own health. People can learn to utilize their own capacities. They are transferable and useable.

Question: *How can we demonstrate these skills with children in institutional settings and have them transferable to the community?*

Sayings in Health Psychology

-"Every thought is chemistry."
-We can scientifically measure the hormones that flow into the blood stream.
-The immune system can either be weakened or strengthened.

Through our minds we can work with spirit. The spirit is constant; however, our connection with spirit can be fractured. The spirit cannot be told what to do; it can only be asked. Human beings can change their negative thinking instantly.

The medical model does not allow us to acknowledge our control over our bodies. When we feel great, we experience it in our body. When people do not deal with issues, the concerns they experience are stored in the unconscious. Note the linkage between blocked emotions and illness.

Stress is the basis of illness and accidents. While under stress, the body is subject to higher viral infections. The body breaks down, because it has become burdened with issues over time. Then, one little illness can put the system over 'the edge'.

The body is a five million-year-old healer. It has a history of cellular functions that allow it to be influenced by the mind.

Resiliency

Why are those human beings who are most healthy, the ones who are most involved? Kobasa looked at this phenomenon and found that rich people showed tremendous resiliency. Our response to stress is our own way of impacting our system.

When we are mentally ill, it is in our body. Longitudinal studies show that people with mental illness do not live as long as others without it.

Kobasa looked at social supports. Are we in control of our responses? With sedentary fitness (sitting down on the job) as his or her style, a person becomes open to more stress. A sense of humour is important. A hardy personality can endure and persist in the face of a challenge.

These ideas need to be taught and experienced.

Quote: "S*ometimes people who embrace their pain glide into the path of death.* Such messages can be conveyed within the human body."

The human being is craving for liveliness, vitality, and nurturance. We must meet our emotional needs, not just the physical needs. When we connect with other human beings, we feel nurtured and alive. To love stronger is to live longer.

Metanoia is the transformation of the heart.
Paranoia is fear that must be transformed.

Feelings of helplessness and hopelessness prevent wellness, because they prevent access to the spirit.

Attitudes:

A spirited person has a fighting attitude--a will to live. When a person is in denial, they experience stoic acceptance and have a weak will to live.

IF WE WANT TO BE HEALTHY, WE MUST LOOK AT THESE VARIABLES. Look at your life; it is a self-examination process.

1. Are you empowered? Can you handle certain stressful situations? Can you manage them?

2. Do you have a personal sense of meaning and purpose. When we are on task and focused, we experience healthy "flow experience".

3. Meaning comes from within.

4. It is important to have a sense of connection and social support. Connection is more than social support. It involves the quality and strength of one's relationship with the Creator, nature, etc.

5. Do you have a sense of optimism and hope?

Alchemy is a transformation process; it is a deep process of transformation to avoid authority. It involves transforming ideas into symbols, so we can look at our lives from all that is provided.

Goldness of life means that the spirit grows; it is an Eastern term meaning "when the spirit wakes up". It involves waking up all the feminine goldness (Greek); it also involves being open, like Sophia, the Goddess of Wisdom.

Parts integrate and the rich blending of the colours "Peacock tail" are symbolic of this synergy.

SATURDAY, 19 SEPTEMBER 1998

BUILDING CAPACITY AT THE COMMUNITY LEVEL
Kathy Absolon & Carrie Tabobondung

INTRODUCTION TO THE SESSION

There are few programs like B'saanibamaadsiwin in Ontario and possibly in Canada. Our approach to Native mental health is holistic, and we consider community needs to be as important as individual clinical needs. Native mental health is much more than working within a community on clinical issues. Much of our work is directed toward the healing and wellness of individuals, families and communities.

Healing can not occur alone, whether it occurs at the individual or community level, skill and knowledge development is critical to healing. Taking over control of our healing/ wellness needs and mental health services requires attention to the capacity of community members and the community's ability to assume this responsibility. We are discussing this very issue, and if we don't talk about our capacity to administer and manage ourselves and our mental health services, then we can't talk about self-governance. The interdependence of capacity building and mental health self-governance is evident. This is the message that we bring to our member First Nations.

B'saanibamaadsiwin has several program areas, one of which is community development. The community development component of our program translates into capacity building, and many initiatives with our member First Nations are directed towards skill building, knowledge sharing, education, training, and facilitating community-based solutions to community-based issues. We strongly believe that the answers to our problems lie within our communities and capacity building develops our abilities and confidences to begin to trust in our abilities to work at developing those solutions.

In this session, presenters will:

1. *Discuss what capacity is and why it's importance at the community level;*

2. *Present an overview of B'saanibamaadsiwin Native Mental Health Program and its objectives, with a specific focus on the capacity building component of the program;*

3. *Present methods of capacity building at the community level; discuss the resistance issues related to building capacity and present methods of working through resistance;*

4. *Highlight priority areas for capacity building and areas where knowledge and skill development are needed at the community level;*

5. *Draw from their program's experiences and share examples of their capacity building activities in areas of community-based mental health research and in community based crisis response to critical incidents;*

6. *Engage participants by utilizing capacity building techniques through group activity and participant involvement such as drawing out people's existing experiences and knowledge is a basis for capacity building.*

THE SESSION

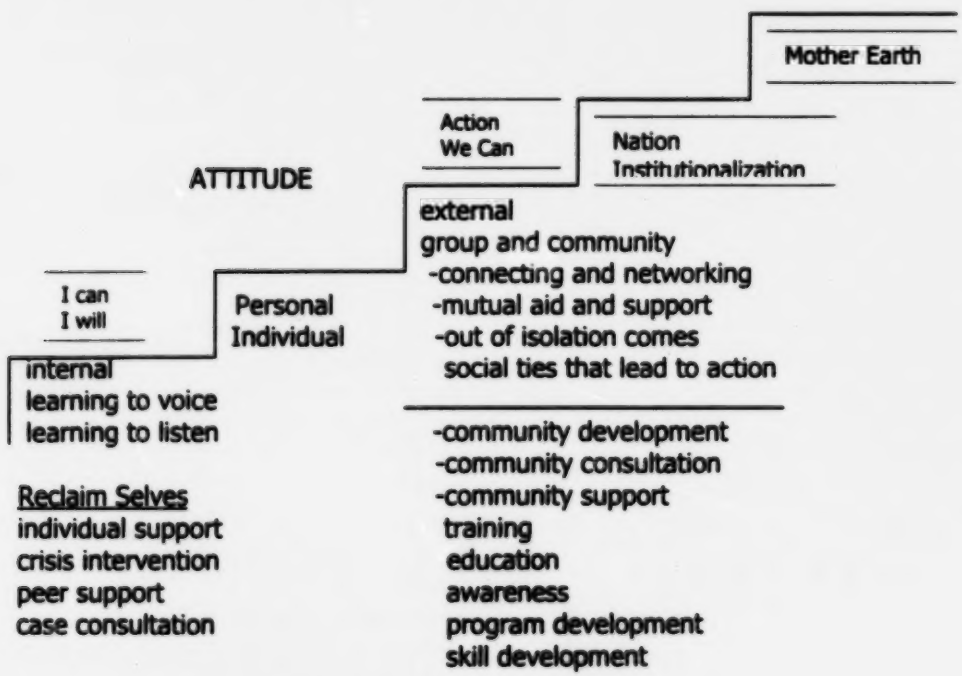
What worked for you when you felt empowered? A list of answers to this question was generated.

We have the capacity to continue these empowering ways of behaving by relating to others in these ways.

ACCESSING OUR INTERNAL RESOURCES = EMPOWERMENT

Capacity building = Power = Mental Health & Wellness = A Sense of Personal Power and Well-being

Power levels-work from personal to group and to community to nation.



Power exists on many levels. Our answers lie within us.

Power begins with healing self. As we trust ourselves more, we are more likely to share with others. Power can also begin at the group level as participants begin to trust each other.

When the power level is at the national or institutional level, and is not used to liberate people at the community or individual level, it becomes harder to influence and can lead to individuals feeling powerless.

Dialogue is the essential means of accessing the answers that lie within. We move from a place of feeling small to a place of feeling bigger, stronger, and more meaningful in the broad scheme of things. We need to talk to each other.

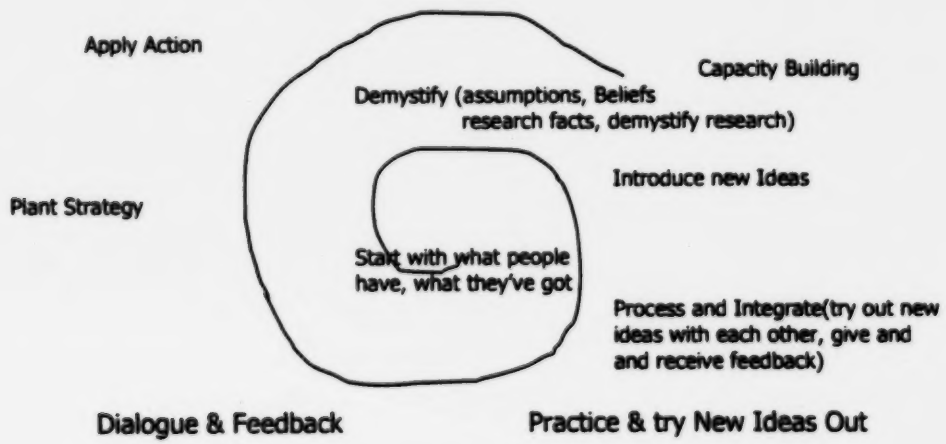
One could also do an abuse of power analysis. When people feel a depleted sense of self, they have to squash others to lift themselves up. How do we get such people to look at their own powerlessness. It is important to help such a person to look inward to find where they have experienced powerlessness in their own life. When they get in touch with their depleted sense of self, they become depressed, and this is where they need help.

When people develop self-power, they are able to see beyond their own needs to the needs of others, the earth, animals, etc.

The 'Building Capacity' Program

This program has been developing over five years. Our goal is to provide culturally relevant and community-based programs for mental and emotional health for First Nation communities. We focus on building on strengths within the community, rather than imposing ideas onto the community. This is done mostly by using a community development process, doing training and delivering workshops. As a Coordinator, Kathy teaches local workers how to set up groups in their community. She sits in on groups and gives helpful feedback.

Multi-Level Capacity Building Process



The circle has been readapted from the spiral model (Burke & Arnold) to meet our program's needs.

This process itself is capacity building, because it grows out of what participants contribute. After challenging participants' barriers (negative beliefs and false assumptions), they are ready to consider new ideas.

Presenters provided two examples of community-based capacity building.

Example One:

Research process that B'saanibamaadsiwin is utilizing for their emotional /mental health needs assessment.

1. Design (months of working group);
2. Training (2 days) to do data collection (guidelines for doing it);
3. Collecting information;
4. Analyzing information and feedback (Training-3 days);
5. Community feedback (after community-based researchers share information with community members); and
6. Regional report.

Example Two:

Critical Incident Training Program and Crisis Response Team Development

Training materials have to contain an historical overview and culturally relevant information so people can realize what the roots of oppression and abuse are. To balance this, education materials have to include positive values, attributes of the culture, and the history.

> The first phase involves training individuals.
> The second phase involves team development; people need to learn how to work together.

If communities themselves do not identify mental health as a priority, federal funds will not be forthcoming to them, even though such funds are available in the health transfer process.

Funding for mental health is delegated to the provinces. We need to talk about mental health program needs. Facilitating capacity building processes at the community level is essential.

OTHER SESSION: Notes from Saturday Aft. Session 4

Following introductions, the group played the game "I love my neighbour", which is an active warm-up for any group.

CAPACITY BUILDING

The name of the program, B'saanibamaadsiwin, speaks of a serene and peaceful life.

Capacity Building

Empowerment vs Helplessness/Powerlessness.

What does empowerment, in clear terms, mean so that community members can relate to it and understand?

Responses:

-Something that has been empowering; an uplifting experience.
-It makes you feel stronger; it speaks to what works for you.
-When I share my voice, I share my extra power.
-Needing support for ideas presented and getting it; sharing to get support is empowering.

The 'Capacity Building' Program

This organization works one-on-one with eight First Nation communities at an organizational level.

Community-based can mean many things; it is multi-level, and multi-layered.

Community-based = Power = Mental Health and Wellness.

It involves learning to voice our experiences and share what we know. It involves processing individual and personal experiences. It is very basic, at times. It helps people connect with what they think and feel.

Teaching people to listen to hear their inner voice and to the voices of others around them is an important feature of their work.

Reclaiming ourselves is critical in our healing process.

The program includes crisis intervention, peer support, counselling, and case consultations. This helps outside professionals to develop a context for their work.

Community-based begins at different levels; sometimes it begins at the group level and sometimes it begins at the community level. It is an on-going process. As people become able and gain the capacity and readiness to come and share, they are put back into the program.

Answers lie within one's self so helping people to connect with other people (networking) is important.

Mutual Aid and Support

Planning and mutual aid are important in order to overcome vulnerability or isolation. Group identity formation is important, because of the human need for a sense of belonging. People develop social skills and need to work together to get things, including lobbying, done. What is done is culturally relevant to the Anishnawbe people.

There are funding limits. They have been operating on a shoe string budget. They are starting to network across the country. Connecting with others encourages the development of a louder voice. We seek out those places with power, because isolation impedes validation.

Community Work

Their program teaches people how to prepare proposals for funding, especially to Health Canada. We provide others kinds of work related support.

Their program has been in development for the past five years. Team building has been important. There is a need to bring people out of isolation, a key task of community development. Workers need to be empowered. The staff of this organization work with the community workers. The answers to problems experienced in any one community lie within that community. Empowerment needs to take place at different community and extra-community levels.

Questions and Comments Following Presentation Guided by Overheads:

Where are you situated in Ontario?

Eight First Nations are served from Parry Sound. They each can be reached within a two hour car ride. These are Ojibway Nations and one Mohawk Nation is included. Staff do a lot of travelling, spending time in each community each month. On occasion, when there is a disclosure, for example, they spend up to two weeks in one community handling disclosures concerning sexual abuse.

The presenters showed the organization chart and talked about their budget, programs and services. Their program is community-based, cultural, and holistic. It is not pathology based. It takes a strengths perspective. Healing and wellbeing, emotionally and mentally, are shared goals. They aim to create balance and a supportive environment in accordance with the community's standards. The community is always directly involved in the work.

The program staff have fun. They are well received in their communities. They work in ways to help the community to 'do for themselves'.

For serious mental illness, there are provincial funds and services. They find the diagnosis, criteria employed, and duration of 'treatment', disabling. They are still reeling from intergenerational grief and loss. Many people in the communities are on anti-depressants and other prescription drugs. Suicide and sexual abuse issues (such as unresolved anger) are relatively common. They find that mental health professionals tend to be of limited capacity to help people.

How do you determine the success of your program?

Their overall goal is to be autonomous. They believe that they are moving in this direction, despite funding and other shortfalls. Their relationship with the communities is good, and awareness of mental health as a goal in increasing. Being really busy, like they are, can be viewed as a sign of success.

How do you perform Needs Assessments?

They developed their own tools to do this assessment work. For example, a need for Crisis Response Teams was identified through this process. Therefore, they collected information about such teams, got training for members, created working groups, and got their training. Doing this addresses their need to have culturally cogent services.

The training includes the study of their own colonial history. Building in a decolonizing approach helps them to heal their own minds. History and colonial education need to be resolved, just as "our beautiful cultural ways and beautiful traditions" need to be transmitted.

Reflecting on the Steps Followed in Implementing Programming

-the people of the community think through the processes;
-the job of the central staff is to help them implement their ideas; and
-the work needs to be done in a methodical and strategic way; it is not haphazard or impromptu.

They likened this need to the ways seasons and timing for hunting, fishing, and so on take place. Being methodical is traditional for the Ojibway.

The Research Process

This multi-level process was reviewed and discussed:

1. Design;
2. Data Collection;
3. Meaning-making, interpret findings; and
4. Application(s).

We need to start with what we have, whatever it is, and with how ever many people are in attendance. We start with what we know, and a blank flip chart to work on. We demystify what research is about. We ask: What does wellness look like to you? What are the strengths your community builds upon and can build upon?

Some training in writing of reports is done.

People who did not complete high school find this approach easy and educational. They get the information first hand, organize it, and present it. This is an empowering process that affects community mental health.

SATUDAY AFTERNOON, 19 SEPT 1998 SESSION C-1

WESTERN AND ABORIGINAL MODELS: EXAMPLES OF CAPACITY BUILDING

Dr. John Hylton

INTRODUCTION TO THE SESSION

This presentation discusses Western and Aboriginal models and describes the experience of several Aboriginal communities that have been through a capacity building process. Topics that will be discussed during the session include:

1. *What are some of the key challenges facing the development of Aboriginal Communities today (health issues, social issues, economic development, self-government)?*

2. *How to assess your own sense of resiliency as it relates to building the capacity for health and well-being, and*

3. *How to experience imagery and belief skills that can be useful in promoting personal empowerment and psychological resiliency.*

THE SESSION

Philosophy Behind Presentation

The role of this presentation is to begin a sharing process. The presentation is intended to convey a positive, optimistic message.

John has worked with Aboriginal organizations for 20 years. He sees new opportunities for growth and development, including opportunities for collaboration and partnerships that build on positive changes taking place.

John sees dramatic differences between Western approaches to social problems and Aboriginal approaches, differences that influence any community development work. In Western society, he sees more acceptance and valuing of Aboriginal approaches than there has been in the past. Change is taking place. Such convergence in thinking offers hope.

John has had a 25-year career in social work that began with doing psychiatric social work in Saskatchewan. He did doctoral studies in social policy. He was raised in Eastern Canada and makes his home in Saskatoon today. In Saskatchewan, he has seen racism and unfairness involving Aboriginal peoples. These matters reflect on the kind of Canada we have. "Our country reflects on all of us."

John has worked on various studies such as the Royal Commission on Aboriginal Peoples, the Marshall Commission, and the Aboriginal Commission on Aboriginal Peoples.

Focus of the Session

The focus on this session is to share thoughts about community development:

1. issues;
2. principles; and
3. practices.

and to compare and contrast Western and Aboriginal approaches to community development.

There is more common ground between the two approaches today than there has been in the past.

Past:

- Throughout modern history, Aboriginal people have been perceived as being at the bottom end of any development scales. This has been confirmed by many studies, the RCAP being the most recent.
- There has been great disparity and inequity.
- Unfairness is about colonialism, paternalism, and exploitation.
- In the past, the government and other Canadians used the UN Development Index, which showed Canada at the top of the scale to defend self, even when confronted by expressions of concern about the plight of Aboriginal peoples.

Present:

- There has been some improvement to social conditions for some communities; others are still as bad as before. In other areas, the issues are a bigger concern than ever.
- When there is improvement, we also see a "levelling off" so something more needs to be done to bring about desired change. The health care field is a good example.

1. Mortality rates indicate overall health status.
   Injuries are a particular indicator for social issues.
   From 1978-1988, the mortality rate decreased.

2. There have been dramatic improvements in infant mortality.

3. There has been no improvement in the criminal justice systems. The numbers are not getting better.

4. FAE/FAS causes great concern. In the NWT, about 1/3 of the 6 years olds are affected.

Why has there been a "leveling off"?

The DOING FOR APPROACH to PROBLEM SOLVING

Western society and its institutions (social, health, education, etc.) did things for Aboriginal peoples. They said, "We know how to fix your problems!" Aboriginal people were passive recipients of services.

For child care, justice, health, mental health, the community development experience tells us that someone else doing things for will solve our problems.

Values and Approaches (Source: Leslie Malloch)

TRADITIONAL INDIAN MEDICINE	VERSUS	WESTERN MEDICINE
integrated wholistic approach	versus	analytic approach
prevent disease	versus	treat disease
laws of nature	versus	scientific data
live in balance and nature	versus	control nature
law of Creator	versus	governed by laws of state
responsible to Creator and community	versus	doctors account to government
medicine is not for sale	versus	commercial - medicine is business
support by community-land and people	versus	support for government-taxpayers
encourage self-sufficiency, self-care etc.	versus	encourage dependence and abdication of self-management process

There has been some good associated with Western values. There are limits in health, justice, child care, etc.

Aboriginal people are struggling to abandon the "others do for us" approach.

Another part of the story involves 1970's, 1980's, 1990's; Canadians generally began to question the large institutions. We are now seeing dramatic changes in our institutions.

Developments in justice, child care, and health have seen the dominant society move to a set of values and practices that are more similar to those of Aboriginal people than

they used to be. They are not copying Aboriginal people. Independent processes have resulted in similar approaches to addressing social issues.

The birth of Community Development in Canada took place in 1960s and 1970s. A return to Community Development approaches is taking place today.

Community Development is based on the idea that governmental leaders and big institutions do not have answers to community problems/issues. That is why Community Development was created.

Definitions of Community Development

1. A process of education and empowerment, by which local people take responsibility for and control over what used to be done to them.

2. A process of learning; local people learn to create objectives, apply skills, and how to evaluate actions concerning community control. These create power and the means to organize local government.

There is a movement from hierarchic to non-hierarchic structures!

Guiding Features of Community Development (from literature of dominant society)

1. Community-based responsibility and control;
2. Empower community members;
3. Self-determining members;
4. Community self-analysis and awareness;
5. Community identifies needs and sets priorities;
6 Community and external resources are used appropriately, and
7. Community Development is seen as a cycle of learning.

Process of Community Development

1. Tension;
2. Involvement of key individuals who deliberate about current situation;
3. Networking with residents and allies;
4. Personal revitalization experiences;
5. Construct a vision;
6. Core group development;
7. Plan and set goals;
8. Build organization;
9. Build unity of hearts and minds;

10. Learn;
11. Take action;
12. Evaluate

Changes in the dominant society's institutions are guided by values taken from both traditional Indian (First Nation) medicine and Western medicine. These include alternatives to jail, child care programs, and restorative justice.

Alternative medicine is an area of growth and change.

Health care reform:

- broaden the definition of health;
- put less emphasis on institutional services and more on family based services; and
- put less focus on disease and more focus on prevention.

The main message is that Canadians have become cynical about these institutions too.

There is growing support for self-determination and self-government for Aboriginal people.

More ordinary Canadians are beginning to understand the effects of bureaucracy etc., so they are more supportive of Aboriginal self-government.

Questions

1. There is a big difference, a spiritual gap, between the lives of Elders and youth today. How can we build links, relationships, between these two groups in community social systems?

2. There are large percentages of children with FAE/FAS in some of our community schools. What can we do to assist these learners?

3. What can we do with children who are violent and hurtful? What can we do to help them develop self-discipline? Is there an approach that works?

4. The principal of a grade school commented, youth are beset with so many problems that I become disturbed. I need strategies that work".

A Community Health Representative with an urban Aboriginal health centre described their traditional healing program, which has brought positive responses. It is team-based, and they begin the helping process by starting where the people are in their needs and abilities. The people signal the information that can be used to determine where to start.

The program is succeeding in creating links between elders and youth.

Another community worker observed that the health system can be difficult when it comes to applying traditional healing methods. The older medical doctors tend to be resistant; whereas, some younger doctors show receptivity and greater acceptance than their older peers do.

We need to find ways and means to combine the best of traditional Aboriginal ways and modern ways to address health challenges such as solvent abuse, suicide, and so on. We need to learn to intervene quickly and to know, with confidence, the nature of the follow-up work that must be done.

When working with community leaders, workers and members who are willing to undertake personal change, the people experience therapy and improve themselves and their lifestyles, perhaps through a spiritual journey that happens. Where there is distrust between members, change becomes very difficult.

DR. HYLTON: Sunday Morning, Session 2

Western and Aboriginal Models: Examples of Capacity Building
Presenter: Dr. John Hylton

Dr. Hylton introduced himself and gave an overview of his education and experience, which shaped the evolution of his thinking and the development of his understanding of equity, social justice and fairness. He also expressed his optimism for the future and what it holds for Aboriginal people. One of Dr. Hylton's areas of interest is the attitude that mainstream society has made to the aspirations of Aboriginal peoples. He sees that, as knowledge of the true facts have become known, mainstream society has come to appreciate the long history that led to past abuse and the current conditions. He noted that although the United Nations ranks Canada number one based on a variety of social indicators, when the conditions of Aboriginal peoples are measured using the same social indicators, they are not consistent with the overall health and well being of mainstream Canadian society.

Dr. Hylton showed several charts dealing with infant mortality and mortality rates for injuries, noting that with respect to Aboriginal peoples that, although there has been a great decrease in both areas, there has also been marked "leveling-off" effect. This means that, although these factors have decreased for Aboriginal people, they still remain higher than the national standards. His conclusion is that the current inequities are as a result of the long history of "others doing for them" and that the current focus on Aboriginal self-determination and self-government provides the opportunity for a convergence, where mainstream and Aboriginal societies can work together in cooperation and collaboration.

Dr. Hylton noted that many of the "new concepts" such as restorative justice are examples of convergence; mainstream and Aboriginal cultures share ideas, and Aboriginal models become part of mainstream thinking. He said that these concepts also demonstrate a moving towards the concepts of connecting body, mind, and spirit.

CAPACITY BUILDING

Dr. Hylton talked about the birth of current concepts of community development, which grew out of experiments in the 1960's and 1970's. He asserts that community development provides the opportunity to engage and empower the community, but he also cautioned that, if the process becomes controlled by an individual or a group, it can be used as a smoke screen to hide inaction. He noted that community development depends on the greatest decentralization of knowledge, power, and wealth, as well as community control.

Pulling from many sources, he listed:

The Guiding Principles of Community Development.

1. Responsibility and control should be community-based;
2. Community members should be empowered;
3. Membership should be self-determining;
4. The Community should practice self-analysis and awareness;
5. Needs and priorities should be identified by the community;
6. Community and external resources should be used appropriately; and
7. Community development should be seen as a cycle of learning.

The Process of Community Development:

1. Tension;
2. Involvement of key individuals in deliberations about the current situation;
3. Networking with resources and allies;
4. Personal revitalization experiences;
5. Constructing a vision;
6. Core group development;
7. Making plans and goals;
8. Building community organizations;
9. Building unity between hearts and minds;

10. Learning;

11. Taking action; and

12. Evaluating.

Dr. Hylton said that when mainstream and Aboriginal societies meet and talk, they need to understand their own and each others' values. As an example, he provided a chart comparing the traditional First Nation Medicine and Western Medicine. This led to a discussion of individual experiences of community development and experiences of empowerment and disempowerment. We agreed that the community development model provided an opportunity to engage the community and that change starts with just a few key people who are prepared to begin.

SATURDAY MORNING, 19 SEPT 1998 - SESSION A-1

BALANCE FOR NATIVE COMMUNITY LEADERS AND WORKERS

Lisa Piotrowski

INTRODUCTION TO THE SESSION

In order to survive, and hopefully grow as a community leader and worker, it is my belief that careful attention must be given to these four aspects of professional and personal life: education, support networks, community involvement and self-care. These four aspects of life as community leader and worker are essential to long term survival, effectiveness, and growth.

Education

Education includes the post-secondary and specialty training that prepares one academically and theoretically to become a prepared, qualified, and objective leader and worker. Our people deserve such people in positions that carry a high degree of responsibility. Education must be viewed as a life long commitment, as it was traditionally for our people. The key to opening up the door is to begin to be an effective leader, worker, and community member.

Support Networks

We need support networks because they are linked so closely with community involvement. In our personal lives, families, partners, and friends must be aware of the reality of our work and the important role that they play in our lives. Professionally, we must create a reliable and non-judgmental support network. We need to have professional colleagues who understand the work from the inside, with whom we can share more specific information, frustration, and experience without the fear of breaking confidentiality. This is essential for survival as a community leader and worker. The part played by our support network cannot be underestimated.

Community Involvement

Community involvement is how we begin our work. Community must be where our work starts, grows, changes, and builds. Community involvement enmeshes us with those for whom we work. Grassroots are always the most accurate indicator of past, present, and future paths. Our community must be a real part of who we are, whatever our community looks like.

Self-Care

Self-care includes taking the appropriate physical, emotional, intellectual, and spiritual, steps to walk in balance. This includes consciously taking measures to prevent burn-out and respecting the four laws of detachment. Awareness of self-care must be part of

community leaders' and workers' education. It is the reason why our support network is an essential and key part of what we share in our involvement in our communities.

In order to have capacity building in native communities, we must have healthy leaders and workers who can stay in their roles for long enough to allow for significant contribution to their peoples.

THE SESSION

Working towards personal balance is a lifelong task and challenge. I want each of you to share what you will commit to, as a result of this session.

For our survival and growth, we need to have healthy workers and leaders. Staying healthy is a challenge and a personal responsibility.

Preventing burn-out is a key topic for every course we deliver in our program. Four aspects of life are addressed:

1. education;
2. support network;
3. community involvement; and
4. self-care.

Key points:

1. Do not play 'hit and miss' with people's lives.
2. The formal education system is problematic for most Aboriginal people.
3. Curriculum must address the historical effects.
4. We need to deal with grieving and healing.
5. Students who feel isolated often sabotage their own efforts to become successful.
6. Students need to overcome simmering anger.
7. The notion of 'healthy community' is key.
8. Creating a community within a community at Sioux College works.

EDUCATION

Education is a positive goal. It brings opportunities. It is a lifelong commitment. One's education does not end with graduation from high school. Being busy is no excuse to neglect learning.

Lisa said that she has missed so much by not attending conferences, workshops, doing reading and so on, especially regarding FAE/FAS. Education is a lifelong pursuit. We experience it by networking, learning life's lessons, etc.

SUPPORT NETWORK

Confidentiality is an issue in some communities and organizations. It is difficult. Life changing decisions are being made. Healthy play is being supported and encouraged.

A key issue falls within realm of communication (tell/share information). When done in reciprocal ways, the worker usually benefits because mutual needs and wants are being satisfied. If the exchange of information is not reciprocal, the worker often neglects herself. We want healthy coalitions, not unhealthy ones. Competent professionals are supportive and value support networks. They are reliable, non-judgmental, and helpful. They do not tell, silence, or judge others.

As a community worker and leader, we must deal with our own issues before we attempt to deal with those of others.

COMMUNITY INVOLVEMENT

The community is a strength shared by First Nations. Language is essential for this togetherness. Community may be perceived as the spirit that holds us together. In this dynamic, we are able to take care of ourselves and take care of others, often in mutually dynamic ways.

If a worker or leader neglects his or her personal needs, the worker or leader might also neglect their people.

Buzz Group

Lisa asked participants, in groups of three or four, to talk about ways and means of attaining holistic health and personal effectiveness and to identify specifically what they would commit themselves to doing as they leave the conference. She then asked each of the participants to share their commitments.

Commitments Shared

1. Continue to use the balance circle.

2. Do more networking.

3. Use the balance circle in the training program.

4. Be more aware of personal community involvement.

5. Promote community support networks.

6. Take better care of ourselves; emphasize this need with staff and be more involved in community activities.

7. Strengthen support between management and staff.

8. Promote more involvement in community.

9. Find other ways for community members to work together.

10. Develop a support network with fellow workers.

11. Be more sensitive to people.

12. Attend to self-care; aim to attain and sustain personal balance.

13. Caregivers taking care of themselves.

14. Commitment to education for community involvement.

15. Invest more of ourselves in our communities, especially with the oldest and the youngest groups.

16. Exercise self-care and role modeling.

17. Exercise self-care; eat better and get exercise.

18. Be more open to assistance from others.

19. Promote community involvement by building trusting relationships.

20. Take educational programs for self-improvement.

SATURDAY, 19 SEPTEMBER 1998 - SESSION 3/A

A STRENGTHS APPROACH TO BUILDING COMMUNITY CAPACITY

Collin Van Uchelen

INTRODUCTION TO THE SESSION

Either because we always have or because we need to, we pay little attention to the positive manifestations of wellness among Aboriginal people. How do they conceptualize wellness? What are their strengths? What indigenous resources promote individual and collective well-being? How can strengths be promoted in building community capacity? This workshop will provide an alternative to the needs and deficit worldview; instead, it will show an approach that focuses on indigenous concepts of wellness and the existing strengths of Aboriginal people. The author developed this approach in collaboration with the Vancouver Native Health Society as an alternative to mainstream mental health interventions.

This session provides participants with a method for identifying their individual and collective strengths and for defining wellness in their own terms. This workshop will assist participants in developing tangible action steps for enhancing these strengths in their own lives and communities. There will be an opportunity for sharing and discussion. Participants will receive guidelines for using this approach to build capacity in their own communities.

THE SESSION

The session began with an opening prayer by Collin.

Colin was born in Vancouver, was raised in Oregon and also in the Prairies, and now lives in Vancouver.

Because much of the attention paid to Aboriginal mental health comes from the Western medical model, Collin wants to focus on how that viewpoint affects how we deal with Aboriginal mental health issues. He wants to emphasize how the strengths approach contrasts with the Western medical model. Participants will have an opportunity to look at strengths in their personal approaches.

Criticism of the Western medical model:

- it highlights pathology and focuses on deficits and weaknesses.
- needs assessments also highlight negative issues and exclude the consideration of existing resources.
- we do not see strengths and often don't recognize what we have that is working for us.

Collin used himself as an example. He told how he lost his eyesight gradually and began

to rely increasingly on his hearing. We often take for granted the strengths we have when we rely on the spirit world, the land, the traditions, and the people around us. Discovering our strengths can also be applied to culture and our nation.

Question: Did losing your eyesight help you recognize that your hearing is a strength?
Yes.

A Comprehensive Description of Topics Discussed

Strengths vs. Needs

What makes us strong? While this seems an obvious question, there is a tendency in our field to focus on pathology, needs, and deficits; in essence, what makes us weak? This problem-focused approach is a common response to the widespread suffering and distress of many Aboriginal people. Guided by the medical model, researchers typically conduct needs assessments to identify community deficits, while service providers focus on treating existing problems. Many Aboriginal health initiatives are primarily focused on needs and call for services or professional interventions to "fill the gaps." This approach reflects the values, methods, and terms of Western medicine.

Unfortunately, a needs-focused approach often gives little attention to the positive health of Aboriginal people. What makes the individual and community strong? What is wellness in one's own terms? Which strengths are most congruent with our views of wellness? How can we build on these strengths to promote individual and collective well-being? The strengths model focuses on these questions. This approach was developed by the author in collaboration with Aboriginal people who are working to improve mental health in their own communities. The model provides a straight-forward alternative to the needs and deficits paradigm. The goal is to highlight existing strengths as resources for promoting mental health and building community capacity.

BASICS OF THE STRENGTHS MODEL

What Are Strengths?

A guiding principle of the strengths model is the idea that strengths exist in all people and settings. These strengths can be found in individual and shared capacities, skills, beliefs, values, knowledge, and activities. Strengths also exist in the roles and relationships within which people express and experience their connection to one another, their families, communities, and cultures. In addition, strengths occur in those domains that both encompass and transcend individual boundaries--in spirituality, shared experiences, cultural traditions, the land, ceremonial activities, personal and collective identity, community events, heritage, and history.

Strengths need not be extraordinary or exceptional; indeed, many strengths are found in the taken-for-granted activities and routines of everyday life. In essence, strengths can

be viewed as the indigenous resources and capacities available in any setting. A recent project with Aboriginal people in Vancouver's Downtown Eastside revealed that a sense of community or togetherness, Aboriginal identity, spirituality, cultural traditions, having come through hardship, and contributing to the well-being of others are sources of strength shared by a number of people who live in one of Canada's poorest neighbourhoods. In my view, strengths exist in the lives of individuals and communities regardless of status, heritage, roles, age, education, or level of well-being.

Steps of the Strengths Model

The strengths model involves four basic steps:

1) Identify the strengths or resources that are available and working well within a given person, group, or community;

2) Describe wellness according to the terms of the person, group, or community;

3) Highlight those strengths that are most congruent with the view(s) of wellness;

4) Plan and take simple, direct action steps to build on, promote, or support those strengths identified in step #3.

Recognizing the ways in which strengths contribute to individual and collective well being reveals available pathways for building community capacity. Actions that sustain, nurture, or promote these strengths can foster mental health in ways that are congruent with indigenous views of wellness. The approach creates a foundation for initiatives that are positive, empowering, preventative, holistic, locally-relevant, and culturally-sensitive. Guidelines for using the model are provided below.

GUIDELINES FOR USING A STRENGTHS MODEL

Working with Individuals, Families, Groups, and Communities

The approach can be used to identify the strengths and views of wellness of individuals, families, groups, or communities. When working with an individual, the basic questions are "What makes you strong?" and "What is wellness to you?" When working with a family, the questions are: "What makes the family strong?" and "What is wellness to your family?" Similar questions can be asked about a group (youth, Elders, etc.) or the entire community (e.g. "What makes your community strong?").

When you are identifying strengths and wellness in a group or community, you may want to start by having people work individually at first. Once people have listed their responses, they may want to share their ideas in a circle. Different people may have

different views on the strengths of the group or community and what wellness is to it. There will likely be some common ground among the perspectives as well. You may want to highlight the views that are shared by most of the group as the basis for taking action.

Example Questions

There are a number of ways to ask about strengths and wellness (see the list below). Use questions that work best for you and the people you are working with. Sometimes, you may want to ask the same question in many different ways. It may help to adapt the questions to include language and terms familiar to your respondents. For example, when referring to Aboriginal people in general, you may say: Native, Indian, First Nations, Aboriginal, etc.. You can use specific terms when working with people from a particular group, community, or culture (e.g. Elders, Waglisla, Cree, Metis, etc.).

Strengths
What makes us strong?
What do you think the strengths are of Native people around here?
What makes your community strong?
What makes you strong?
What would people who know you say your strengths are?
Are there things that you know about that help keep Native people strong?

Wellness
What makes us well?
What is wellness to you?
What is wellness for your family (or community)?
What do Native people in your community do to become well?
What helps you become well?
What makes life go well or be the best it can be?

You may want to try other terms such as "health," "well-being" etc. for these questions.

Flexibility Helps

Sometimes people have a hard time saying what their own strengths are. If this occurs, try asking something like "What would your friends or family say your strengths are?" or "What makes a person strong?" Similarly, if someone says they do not know what it means to be well, you may ask "What makes a person well?" or "What makes your people well?"

Focus on Existing Strengths

Keep the focus on those strengths that already exist. The idea is to highlight what is already available and working well in the life of the individual and community. Potential or future-oriented strengths are not useful in this approach. For example, the following

are not examples of existing strengths: "I will be strong if I win the lottery" or "I'll be strong when I go back to school" or "The community will be stronger when the government gives us funding for a healing centre/a psychiatrist/a new clinic/etc." While these all may be nice events to have happen, they do not provide a foundation for building on what already exists in the community. The strengths model focuses on available resources, rather than on what is lacking or needed.

Keeping the Focus on Strengths and Wellness

Given the level of distress that exists in many Aboriginal communities, people may focus on negative experiences or describe their problems. While these topics may be quite significant, the strengths approach works best when wellness and strengths are discussed in positive terms. This does not mean that problems are unimportant. Many people have serious difficulties and they may benefit from talking about their problems and feelings. Indeed, counselling and therapy often focus on traumatic experiences (e.g. Residential Schools, sexual abuse, violence, etc.) and their effects (substance abuse, depression, unhealthy relationships, etc.). These issues can be so widespread that it is difficult to see the strengths that enable a person or community to carry on. Similarly, it may become difficult for people speak of wellness in the context of such distress.

If you are trying to understand someone's strengths or view of wellness, but find yourself hearing about illness, needs, or pathology, you may want to try one of the following questions: Was there a turning point in your life? What helped you come through? Was there a time when things were better? What was that like? Many people have come through hard times or negative events. The ways one comes through hardship can provide clues for finding strength. In her keynote address at this NMHA conference, Renee Taylor spoke of the strengths inherent in the ways that Aboriginal people have resisted oppression throughout their lives. Simple acts which may not appear to be strengths on the surface take on new meaning when seen as acts of resistance to injustice and oppression. Renee calls these resistance resources and encourages us to see their value in light of the broader context within which such acts occur. There may be great value in reflecting on the ways that people have come through hardship and in identifying the underlying strengths that helped them come through.

Bringing It All Together

The basic steps of the strengths model are the same whether you are using it for yourself or working with someone else. First, identify strengths. Second, describe wellness in one's own terms. Third, look for congruence or similarity between the strengths and views of wellness. Highlight the elements that are most similar (i.e. those things that appear on both lists). Fourth, take simple, concrete action to build on, enhance, or nurture the things identified in step 3. Here is an example:

> *Strengths*: Community feasts, helping others, sharing, heritage and identity, knowledge of traditions, togetherness/sense of community, playing basketball.

Wellness: Spirituality, respect, helping and giving to others, practising our traditions, togetherness/sense of community with others, connection with the land, sharing, knowing who we are (identity), being physically active.

Areas of Congruence: Sharing, traditions, togetherness, helping others, identity, physical activity, (spirituality may also be a strength if the person experiences it in practising their traditions, feasts, etc.).

Possible Action Steps: Help Shirley prepare for the upcoming feast and ask her to tell some stories about your family (sharing, helping others, togetherness, identity). Play basketball with my uncle (physical activity). Help build the fire for the ceremony on Sunday (helping, traditions, and spirituality).

These actions build on the strengths that are congruent with this person's view of wellness. The proposed steps are simple to do. I suggest you encourage people you are working with to propose such modest steps at first. Keep it simple. Simple actions that actually occur may be more beneficial than grand plans that never leave the ground. More ambitious actions may be planned once the individual or group gets some momentum and positive success with the simpler actions. In any case, the action steps should be about building on existing strengths. There is a tendency among some people to plan bold steps that require substantial change in their own lives or habits, or in the lives of others (e.g. stop smoking; get a treatment centre running; stop the spread of HIV/AIDS in the community; etc.). These are fine goals to have, but they require fundamental changes in the behaviour of oneself or others. They are also problem-focused goals. In contrast, the strengths model helps identify action steps that aim to promote or build on what is already working well. Thus, possible action steps will not require that a person behave in ways that are fundamentally different from how they are. Rather, appropriate action will be focused on expanding or nurturing what is already present in the person or community. The long-term benefits are incremental; they add up over time.

BENEFITS OF THE STRENGTHS MODEL

Alternative to Pathology Orientation

The strengths model provides an alternative to the common practice of focusing primarily on deficits and pathology. It is well known that many Aboriginal communities are struggling with the effects of generational trauma, Residential Schools, economic hardship, and forced cultural assimilation. Many social and health interventions aimed at addressing the symptoms of these problems routinely reflect a medical model orientation. Such interventions give primary attention to assessing needs or pathology and providing indicated services or treatment. Unfortunately, pathology-oriented interventions often have limited success in promoting mental health in Aboriginal communities. A principal drawback of focusing exclusively on pathology is that it hampers our ability to recognize and actively promote the strengths and resources that already exist within Aboriginal people, their communities, and cultures.

Consistent with the notion of capacity building, a strengths model reflects a shift in emphasis away from a pathology-focused, reactive, and individualistic orientation to a more positive, proactive, and community-centred approach. By focusing on identifying and building on strengths, it helps bring some balance to the process of mental health promotion. Sustainable, culturally-appropriate, and locally-available resources are especially important in the current context of the health transfer agreements and the growing movement toward self-government. Given the on-going mental health concerns in many communities, coupled with long-standing dependence on less-than-effective mental health services, it may be useful to try an approach that recognizes and promotes the capacities that do exist within Aboriginal communities.

Compatibility With Other Approaches

The strengths model is compatible with the increasing attention being given to healing in the aftermath of the Residential School system. I have heard many Aboriginal people speak of the difficulty involved in healing--the threat to self and one's community implicit in dealing with trauma and opening up the wounds. In this context, building on strengths can help provide a stabilizing or grounding force that can occur alongside the work of healing and the process of recovery. The strengths model differs markedly from treatment, therapy, and problem-focused interventions. Yet, it can provide a positive contribution to individual and community healing. The approach does not require a person or community to function at a given level of competence or positive mental health. It is simply a model that takes people where they are at, assists in defining strengths and wellness in their own terms, and identifies ways to build on what is working well. As such, a strengths-approach is both a radical alternative to problem-oriented interventions, and, is also complementary to them. As more people begin their own healing work, having an option to focus on strengths may prove to be particularly helpful.

Simplicity

The strengths model is relatively simple and user-friendly. Anyone can use it, including: service providers, family members, youth, Elders, educators, support workers, consultants, planners, counsellors, and non-professionals. It does not require "expert" assistance or professionals to do it. The model can be used for building capacity in the areas of health, education, economic development, community planning, etc.. In the context of increasing self-reliance for health, Aboriginal communities can benefit from having strategies to build capacity that do not foster dependency on outside expertise or resources.

Sensitivity to Traditional and Contemporary Views

The approach of asking people about what it means to be well allows them to articulate the determinants of wellness as they see them. If traditional beliefs and values are part of an individual's conception of wellness, then this will be apparent in what they say. If culturally-based beliefs are not part of wellness in someone's opinion, then that will be

apparent too. A strengths approach allows people to map out what works for them, to articulate how they see wellness, and to act accordingly, whether it be doing more traditional activities, getting a prescription filled, or both.

The method doesn't demand that cultural factors be named as components of wellness or strengths. It allows cultural factors to be voiced if people believe that they are important, regardless of their culture(s) of origin. This is particularly important for Aboriginal people with varying degrees of acculturation. Views of wellness often reflect ideas adopted from a variety of sources: one's culture(s) of origin, other cultures, and/or Western medicine. The strengths model works with such diversity because it allows both traditional and contemporary views to be expressed. The focus on "wellness," rather than "mental health" allows people to describe well-being in broad or holistic terms. Note that this is quite different from approaches that focus on mental health according to an outsider's theory, the views of professionals, or Western medicine.

Additional Comments

This model may be of use to anyone interested in capacity building in any community. The approach can be used both on, and off-reserve. The materials can be easily translated into different languages. For more information, you may want to see an article by van Uchelen, et al. (1997) that spells out the conceptual foundations of the approach and provides an illustration of its application.

REFERENCES:

van Uchelen, C., Davidson, S.F., Quressette, S., Brasfield, C., & Demerais, L. (1997). What makes us strong: Urban Aboriginal perspectives on wellness and strength. Canadian Journal of Community Mental Health, 16(2), 37-50.

SECOND SESSION BY Collin: Sunday Morning: 20 Sept, 1998

Key points made in the first session were also developed and or shared in the second session.

SATURDAY, 19 SEPT. 1998 - SESSION ONE/B

ATTACHMENT AS THE FOUNDATION FOR CAPACITY BUILDING
Kenneth Harrison

INTRODUCTION TO THE SESSION

This session on attachment has particular and very broad relevance to the conference theme of capacity building. The attachment process is a core life experience upon which good parenting/caregiving rests, and in turn provide the solid foundation for developing specific cognitive, emotional, and relational capacities. In turn, the degree to which attachment capacity exists among community members has implications for the healthy expression of the capacity of the broader community. It is notable that attachment processes are implicated in the history of residential schools, issues in parenting/ caregiving, aggression and violence, childhood learning and development, grief and loss, and are ultimately mirrored in the sociopolitical structure of communities and governments. Illuminating the process of attachment may provide a useful framework for understanding some of the social challenges in First Nations communities, and a means of organizing a healing response that is consistent with the history and culture of First Nations people.

THE SESSION

Ken began by saying how successful attachment is a positive experience and capacity. It is a first step in feeling comfortable and feeling a part of the social world. Attachment is at the core, about feeling a sense of belonging and not feeling like a stranger in the world. The experience of feeling like a stranger and being treated as one is likely distressing to most of us. As a result, it seems reasonable to propose that most human beings will want to feel the connection of attachment.

Ken provided a handout with specific definitions of attachment concepts. He indicated that this session on attachment was offered as information for session participants to reflect on where it fits in their own work and communities, as well as for Aboriginal people as a whole. Attachment has roots in many communities and appears to be a universal phenomena. Attachment in childhood, adolescence and adulthood has been studied for some fifty years in places such as Japan, Germany, Uganda, United States, and Israel. Ken does not know of any specific research on attachment in Aboriginal people. However, he did share that when talking to his "clients" about the sense of "belonging" that is associated with attachment, most intrinsically recognize the importance of this experience.

Attachment was defined as the capacity of people to develop and maintain close emotional bonds with significant others. It is the tendency to seek out and maintain proximity to and contact with one or a few individuals who provide the experience of safety and security through their physical availability and

psychological responsiveness. It was emphasized that attachment is foremost an emotional bond. It has a feel to it that people may recognize as a sense of "belonging." When we feel securely attached, we feel a certainty that someone is there for us. This impacts how we feel, and how we act in life.

Attachment was also defined as a framework for organizing our approach to close relationships. As a control system, attachment provides the motivation to develop and maintain emotional bonds, as well as the motivation to protect ourselves from the painful experiences of attachment losses or failure to maintain emotional bonds, especially when such losses or failures are repeated. It was noted therefore, that the absence of attachment is associated with loss and the experience of loneliness.

Ken shared his interest in the capacity for building secure attachment, and how that capacity enhances and supports many other life processes. People who experience secure attachment have better social skills and problem solve better in social settings, possess greater ability to soothe themselves emotionally, are more effective parents and caregivers, have more satisfying relationships, and have greater overall psychological health and resilience. In addition, the experience of secure attachment provides a "secure base" from which children and adults feel comfortable exploring the worlds in which they live. This secure base serves as a safe place to which we return for comfort and recovery when distress develops from our investigations and actions in the world. Indeed, development of the capacity to soothe oneself during times of distress is a critical feature of attachment, and a reason why understanding of attachment processes is important.

Invariably, we all encounter distress in our living in the world. How do we deal with this? People who have experienced secure attachment make use of the experience of a secure base and will seek out help from an elder, a counsellor, priest, pastor, partner etc. Here they share, express, and name the distressful feeling which helps with letting go and resuming living in the world. People who have not experienced secure attachment and the healing force of a secure base are inclined to have difficulty sharing, expressing, and resolving distress in a timely and effective manner. Often, this failure to use a secure base results in escalation of distress and long term difficulties in interpersonal functioning, and may help us understand other conditions such as depression, anxiety, borderline personality, etc.

The searching process for a secure base at times of distress is called "proximity seeking" and can be observed in different interactions between people. Many distress signals, especially in children, are gestures of proximity seeking. They are attempts to be near an "older and wiser" person so that feelings of distress may be soothed. Indeed, some of the gestures of aggression and stalking observed in family violence may be viewed as dysfunctional proximity seeking behavior. The treatment for some abusive partners should, therefore, involve

assisting them to recognize and know these distress signals, and to develop alternative strategies for distress regulation.

The capacity to form attachments starts at about fourteen months for the infant. It becomes well established by 3 to 4 years of age and continues throughout the life span.

In studies, it has been observed that some 50% to 70% of people experience good enough attachment, which means that 30% to 50% of people in most communities struggle with attachment issues. "Maternal sensitivity" (or caregiver sensitivity) is considered an important part in developing attachment. This refers to the degree to which the primary caregiver is available and responsive to children, especially at times of distress. As sensitive caregivers we help children name things at times of distress, for example, "That must have been scary for you," or "You must be feeling bad about that." In doing this we not only soothe emotional distress, but help children make sense out of their experiences, and teach them ways of regulating their distress. This maternal or caregiver sensitivity is much like the notion of empathy and requires the capacity to enter into the child's experience in order to soothe, help with understanding, and help problem solve.

The seeds of attachment are sown in childhood; however, not all of us have the same up-bringing. We learn early that people are there or not there for us - whether there is caregiver sensitivity. Optimally, we know we are loved and that people will be there for us. When this is in place we have the opportunity to build capacities such as positive self-esteem. Some commonly observed "attachment styles" result from differences in caregiver sensitivity in childhood. Each attachment style reflects differences in working models which are internal representations that we have about how close relationships work. In particular they reflect evaluations of self and expectations of others in the social world that are used to guide thoughts, feelings, and actions in social interaction.

Children who are "securely attached" have experienced good enough caregiver sensitivity. They easily separate to explore, seek their caregiver when distressed and are easily comforted. In social interaction, securely attached children demonstrate greater ability to communicate (verbal and non-verbal). Moreover, they are functional in learning, problem-solving, taking risks, exploring and enjoying social ties, and interpersonal relationships.

Children who are "insecure-ambivalent," have experienced uncertainty and inconsistency in caregiver sensitivity and secure base. They have difficulty separating to explore and stay close to their caregiver, demonstrate much protest when separated from their caregiver, and are difficult to comfort when reunited with their caregiver.

Children who are "insecure-avoidant" have experienced caregivers who have not been consistently sensitive and available to them. These children do easily separate to explore but do so with less interest and joy. There is little observable distress when separated from their caregiver, and they actively avoid the caregiver upon reunion. Often there is little affectionate touch offered by caregivers who may reject the child's requests for holding.

Recent literature offers a fourth attachment style - "disorganized-disoriented." These children reflect a mix of ambivalent and avoidant attachment. They demonstrate contradictory and disorganized patterns of exploration and proximity seeking. Caregivers from this group of children have been noted to be dealing with past trauma marked by observable fear states which the children evidently sense, fear, and relate to themselves.

The caregivers of insecurely attached children are just are not there for them enough. There may be many reasons for this. Caregivers who are suffering stress such as depression, domestic abuse, or poverty would have difficulty being appropriately sensitive to the distress of their children. It is not easy to "'be there" for children if you are primarily concerned about how to feed them.

Insecure attachments, then, reflect coping responses to anxiety associated with a history of inadequate caregiver responsiveness. The absence of caregiver responsiveness provokes a hierarchy of responses corresponding to the nature and severity of the attachment history. These range from protest and proximity seeking behavior that gives way to depression and despair when efforts to solicit caregiver availability and responsiveness are not successful. This stage of despair may be the point where adolescents and others think about or commit suicide. Finally, where availability and responsiveness are consistently absent, emotional detachment takes place. The stage of detachment may be considered a somewhat healthy state because a certain ability to continue living remains.

Ken noted that in adulthood we may demonstrate attachment styles that reflect the method we used to survive inadequate childhood attachment experiences.

1. The "compulsive care-giver" maintained proximity to parents who were not available and responsive by taking care of parental physical, emotional, or social needs. Many people in the helping professions demonstrate this attachment behavior. These types of people are at risk for burn-out.

2. The "compulsive care seeker" maintained proximity to parents by chronically being in need of care. Such a person was or is constantly sick in some fashion.

3. The "angry withdrawal" style reflects the development of detachment in the hierarchy of insecure attachment history. Some criminal offenders, politicians, and corporate managers may demonstrate this style. Such people

may not be able to engage in much empathy. Such people may be successful materially, but are not necessarily happy.

In adult relationships these different attachment styles may interact in positive or negative ways. One style may feed and support another, maintaining the insecure style. Conversely combinations of attachment styles may support development of secure attachment experiences.

Ken explained that the early history of the study of attachment is associated with observations of children raised in institutions in post war England. The important observation of those early studies was that when there are significant disruptions in maintenance of the parent-child relationship, child development is impaired. He noted the similarity of conditions in English orphanages and the residential schools that many Natives were sent to. Ken was surprised to hear Renee Taylor describe the residential schooling as a five generation cycle. He did not know it went that long. He wondered who was there for the children? Who was there to be sensitive to their needs, and to help them soothe distresses? He added the observation that the use of Residential Schools was a gross cultural violation that may have had the effect of disrupting cultural maintenance of good enough attachment over several generations. He observed as well that other cultures are not necessarily doing exceptionally well in providing the conditions for good enough attachment. Current trends such as the over emphasis on materialism rather than relationship building, as well as trends toward two parent working families with children in day-care may compromise attachment development.

Questions:

1. Is attachment the basis for many pathologies associated with addictions and sexual abuse, for example?

Ken reported that he is not familiar with how attachment applies to these issues, but he does consider that attachment issues can be a basis for depression and anxiety that may be associated with both of these conditions. As a post script, he added that substance abuse can be considered as a means of regulating distress, that in a very inadequate fashion may substitute for more functional self-soothing of a history of attachment distress.

2. How do you promote attachment while doing community development or community social work?

Ken said that our goal is to create a safe environment in families for children to develop good enough attachments. This is the way inter-generation cycles can be broken. The role of community development and social work is to advocate for and provide services that assist parents and other caregivers in understanding their own attachment history and how it influences parenting, and in turn child development. Thus, the task is to advocate for and implement programs

such as counselling that focuses on resolution of inadequate attachment history, early intervention for new parents that provide education and support for developing sensitive parenting strategies, child welfare that focuses on continuity of caregiver involvement and sensitivity. Much of the community development and social work is an educational task of informing community members about the importance of supporting development of good enough attachment and the necessity of developing the social and economic institutions that support healthy families and attachment parenting.

For those who work directly with families, Ken illustrated a simple tool of assessing family attachment dynamics. He often gives instructions to the parents to leave unannounced, and then return in a few minutes, and wait at the door. In this situation, Ken can assess the children. Is there distress? Will the children play while the parents are gone? Are they able to feel safe? Ken also assesses the reunion pattern as an indication of child-parent attachment.

Ken also recommended the use of the "Adult Attachment Interview" as a tool for assessing the relationships. Here we observe incongruent comments about childhood attachment memories (i.e. people will say mom and dad were great, but will describe abusive behaviors). This incongruence is typical of some people with insecure attachment styles. Even the simple variation on this procedure of asking clients to provide five words that portray their parents, will provide initial information about attachment processes.

A session participant commented that, as a community worker, we sometimes have this hierarchy played out on us. Sometimes we are not helped or even assisted because people are not happy with our attachment to community, our ability to be sensitive to the community's needs. They often will protest via rumors, trying to stop our work, etc. (As a postscript Ken notes that we may cautiously consider that those who object to community measures aimed at supporting development of attachment, may possess avoidant or angry withdrawal attachment styles. We need to respond to them accordingly and continue to focus on the task of helping people soothe distress, even when their own self-soothing strategy is to be angry and rejecting.)

3. Do you find clients who have not attached with mother or father and are depressed, anxious etc.?

Yes, most definitely. Are you asking how does someone overcome this deprivation? You support clients to grieve the absence of good enough attachment in childhood so that they can put closure on that inadequate relationship and become open to possibilities of adequate attachment in the present. The stages of grief are the same as any grieving process.

4. What can we do about this?

As clinicians, elders, pastors, family, and friends we provide stability, and become the attachment figure. Stability of staff, therapists, social workers, etc. is crucial. It does not help to be there for one year. The practice of parachuting therapists into communities for a day, week, or several months doesn't provide the stability of "thereness" that people with insecure attachment need in order to create change. People, especially those with attachment issues, need to know you are there for them. The best attachment work is to show it, to model. We need to continue giving and living up to the promise that we will be here when you struggle with distress.

5. When you talk about attachment, I think about dependence which some say is a bad thing. I do not believe that this is necessarily so.

Ken agreed that dependence is a part of attachment and is not considered to be a bad thing. As a post script, however, he adds that in healthy adult attachments dependence is a reciprocal condition. That is, we may be called upon to provide a secure base to those with whom we are in close relationship and who provide the secure base for us.

6. What is the link to trauma therapy?

Ken often looks at attachment as a first step in treatment of trauma. Securely attached people tend to deal with trauma in a healthy manner that readily permits resolution. However, traumatized clients with insecure attachment histories may have greater difficulty negotiating resolution of the trauma. In such cases it may be necessary to develop the sense of secure base from which self-soothing and trauma resolution are possible.

Ken's research on attachment with abusive partners suggests that some abusive men are highly sensitive to the unavailability of their partners. That high sensitivity may be associated with inadequate attachment history. Breaking the patterns of abusive men may be accomplished in part by helping men discriminate past attachment history from attachment in present relationships.

Thank you for attending presentation and undertaking discussion of attachment. I hope this has been helpful and you will continue to reflect on how attachment relates to your work and community. I am honored to have had the opportunity to share this important part of my work with you.

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SATURDAY, 19 SEPTEMBER 1998, SESSION FOUR/B

MAKING WAVES-CAPACITY BUILDING BY CONNECTING INNER AND OUTER WORLDS

Bill Mussell and M. Terry Adler

INTRODUCTION TO THE SESSION BY BILL

1. *Terry and I wish to provide you with models to assist people to build their personal capacity.*

2. *Critical to this goal is learning how people learn. The ability to relate new information by integrating it with what a person already knows is necessary for that person to be able to 'make meaning'.*

3. *As Aboriginal people, most of us were taught what to think and say, not how to think for ourselves and share what we wished. Few opportunities to 'learn how to learn' were offered by the external agencies that took charge of our lives.*

4. *I hear people thank others for "teaching them what they know". This distresses me, because learning comes from the learner who finds his or her own answer. All an educator, helper, or counsellor can do is find ways and means to assist the learner to find his or her own answer.*

5. *As educators involved in the work of the Sal'i'shan Institute, we aim to assist the adult learners to learn how to learn. When they create these skills, they are able to continue the process by working with community members at home. Most of our adult learners are involved in doing community health and related work.*

THE SESSION

Teaching Learning

Bill introduced the model that he and Terry developed to promote active learning. It is based on the theoretical work developed and implemented by Dr. Reuven Feuerstein who did graduate work with Piaget and then worked with victims of war, first in France, and then in Israel.

In this model, the teacher/educator/parent is the mediator, and acts as a conduit that creates conditions and situations that promote the integration of knowledge by the learner.

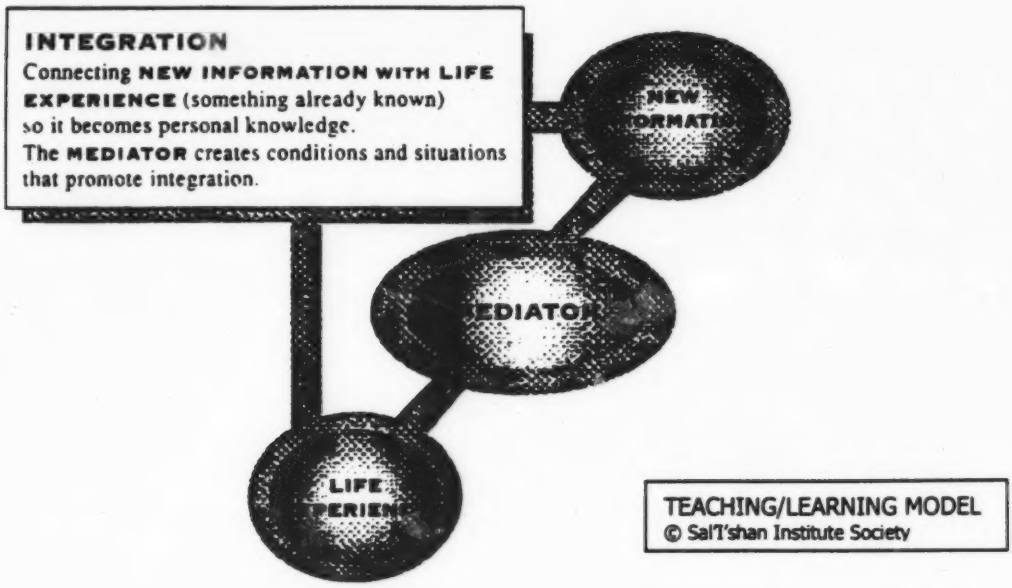
In an active learning mode, each of us serves as an educator. Children can be effective teachers too! Effective teaching, and therefore learning, takes place through a reciprocal process, a sharing (giving and receiving) dynamic between the learner and the educator.

If John chooses to visit with Mary, and the visit is characterized by genuine sharing, each of them leaves the experience with something more than they had before they got together for the visit. They accept one another, respect one another, and are motivated to be helpful to one another.

In our communities, change can be difficult to observe, even after a period of time has lapsed. I believe this has a lot to do with the absence of meaningful or genuine communication. This may be absent because of a lack of mutual acceptance, distrust, or unwillingness to take risks by 'giving of self', even to someone who is familiar. The history of colonization and its effects upon our families, generation to generation, has contributed to this lack of reciprocity in our relationships. The loss of oral competence also contributes. Being required to learn in a foreign language and being unable to use their first language, three and four successive generations of Aboriginal children have not been able to become competent as communicators.

Terry added:

Each of us has life experiences. The key question is whether we can actively learn from these life experiences in ways that build on them and lead to constructive action. For us to be active in our learning, we often need a person who figuratively stands between us, the learners, and what is to be learned. Such a person helps us to open our hearts, minds, and spirits to deeper understanding.


INTEGRATION
Connecting NEW INFORMATION WITH LIFE EXPERIENCE (something already known) so it becomes personal knowledge.
The MEDIATOR creates conditions and situations that promote integration.
TEACHING/LEARNING MODEL
© Sal'I'shan Institute Society

The Creator provided each of us with capacities to learn in two ways:

1. Direct exposure to the experience.

In our direct encounter with events, things, and people we make our own interpretations, deal with our own feelings, and choose our own responses.

2. Mediated learning experience.
   Especially during infancy and childhood, there are many things we cannot understand or handle on our own. We need a mediator to help us by providing words for the experience, exploring our thoughts, naming our feelings, and guiding our responses.

   Through such intervention we learn *how to learn*, how to be our own mediator.

   We continue to need mediation throughout life to help us deal with developmental challenges, crises, trauma, and rapid change. When we experience trauma early in life, mediation is absolutely essential.

Take the example of a young girl who was abused as a child and never had a mediator or trustworthy person with whom to share her experiences. With her limited knowledge, she will blame herself, burden herself with false beliefs and be tormented by confusing, contradictory feelings. Only if someone helps her by mediating in ways that she can understand and express her feelings, can she rethink and revise her beliefs. She can make positive changes in her self-perception and her behaviour.

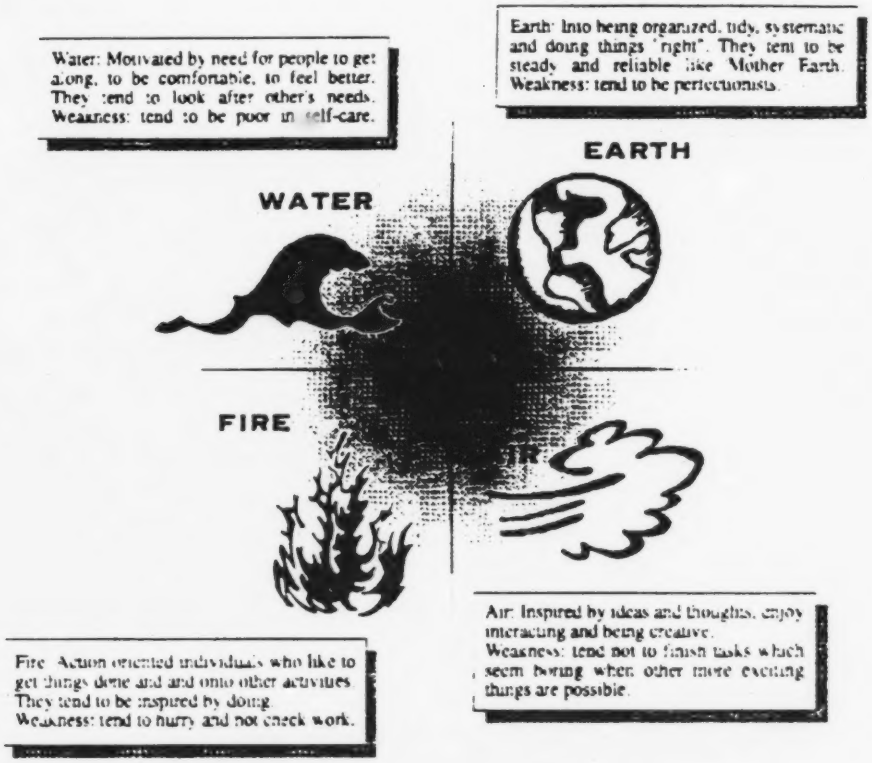
To give you an example of mediation, I want to introduce a model that may be new to you, but that you can apply to what you already know so as to "see" the familiar in new ways. We call the model "earth, air, fire, water". We use these four elements that all creation is made of as metaphors for personality types.

Earth- This personality type is practical, focused, and grounded. As detail-focused people, they usually write long lists of tasks, and systematically accomplish them.

Air- Like air that is everywhere, air people see the big picture (forest), but may forget about the trees; they are visionary, dreamers, and creative. They love to play with ideas. They can "whip things up" to help people think more flexibly, and see more possibilities.

Fire- Like fire itself, fire people are transformative agents; in any interaction, they stimulate people; they like results. They like to do; they bring momentum to any task. They are energizers in groups. When they have a feeling or thought they say it out loud, rather than holding on to it.

Water- This personality is very flexible, accommodating, and sensitive to others' feelings; water people have a sense of fairness and justice. They have to watch out that they do not give too much out and lose their centeredness. They need to pay attention to their own needs and set boundaries.


Water: Motivated by need for people to get along, to be comfortable, to feel better. They tend to look after other's needs. Weakness: tend to be poor in self-care.
Earth: Into being organized, tidy, systematic and doing things "right". They tend to be steady and reliable like Mother Earth. Weakness: tend to be perfectionists.
EARTH
WATER
FIRE
Fire: Action oriented individuals who like to get things done and and onto other activities. They tend to be inspired by doing. Weakness: tend to hurry and not check work.
Air: Inspired by ideas and thoughts, enjoy interacting and being creative. Weakness: tend not to finish tasks which seem boring when other more exciting things are possible.

EARTH • AIR • FIRE • WATER CONCEPT

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Small Group Exercise

You may feel that you have attributes of all the elements. Choose the elements which best describe you as you are today, and join with others of like element to answer the following questions:

1. What are your positive and negative traits and characteristics?
2. How do you get along with persons identifying with the other elements?

Small Group Findings

Earth:

1. Positives: focused, controlled, organized, grounded, responsible, reliable, and hard-workers.
2. Negatives: obsessive; stubborn.

Air:

1. Positives: learn quickly, open-minded, contemplative, hopeful, good visualization, adventurous, tolerant, dreamers, collectors and horde, creative, in harmony with other elements, rely on earth people to do/ complete our work, trusting, and tend to be impulsive.

2. Negatives: tardiness, can get bored, and inclined not to finish assignments.

Water:

1. Positives: like to be in the background, supporting others, negotiators, kindness, sensitivity to fairness, sponge for good energy, flexible, patient, honest, vital for life--everyone needs water,. and trustworthy.

2. Negatives: sponge for bad energy; not good at saying "no", poor at taking time for self, over-extends self, and need external validation.

Fire:

1. Positives: lots of energy, things get done, action-oriented, transformer, positive people who wish to make change, warm-hearted and can be with anyone, strong leaders, stir things up, generous-fun, laughter, we give a lot of ourselves to see things through, once fire is started, people come to help, passionate--will be warriors for our cause.

2. Negatives: impatient, egotistical, threatening or intimidating to people, sometimes take control, tunnel vision, and sometimes, we don't know when to give up, or put the fire out.

Fire people shared that they need all elements and aspects of the elements in order to survive: (a) they need water to help control their fire (not to get so carried away); (b) they need earth to give them things/qualities to burn and keep their fire going; and (c) they need air to get things started, to allow their fire to grow.

Terry proposed that we consider how we each use, and can use, this model in our own life and work. She suggested that this is a non-threatening way for us to understand ourselves and others. We can learn our own strengths, and those of others, to create a positive team. We can ask for help from people of other elements in order to further our own growth and development. As community workers and leaders, we can use this model to assist groups (teams) to be become better balanced and holistic.

Participants shared that they identified with many characteristics associated with other elements, even though they are grouped according to their dominant element. This model can help people understand their strengths and weaknesses and work to find balance within. It is a good metaphor that can serve us well in our work with children, families, and communities. We all need to discover how we can work more effectively with people, modify our perception of others and self, and build personal balance within a context of wholeness.

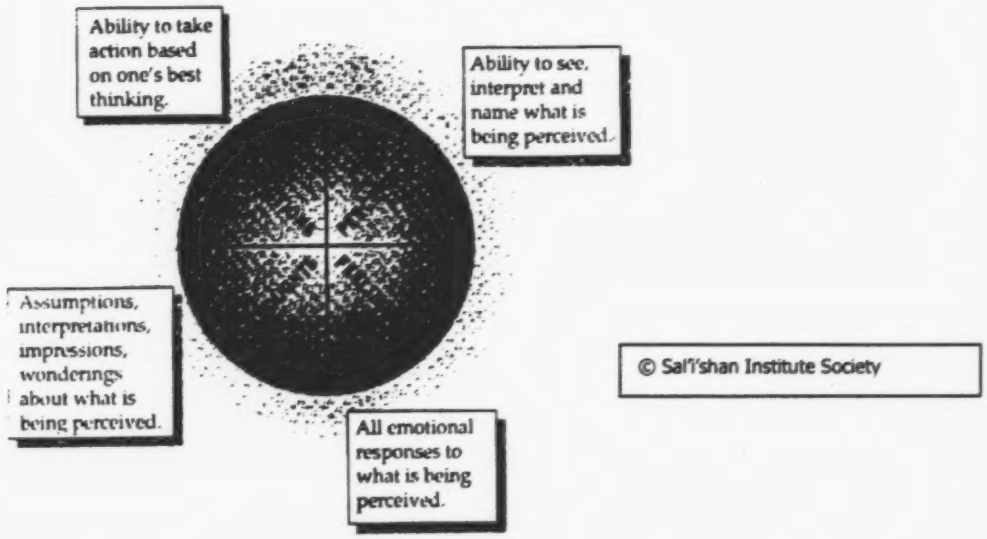
Terry explained one further step in this exercise that may be assigned (even though we did not do it today because of time limitations).

The participants in each group can summarize their element by: (a) writing a poem; (b) creating a song; or (c) drawing a picture that celebrates their shared strengths. This exercise generates increased mutual appreciation while at the same time being fun.

This exercise shows how mediation helps us to be open to new possibilities, and allows us to have insights about the work we do. This allows us to work better and more holistically. Community workers are always mediators, as they assist others to see and to know their potential.

One participant shared her belief that, as a woman, she is earth. Children are gifts from the Creator. When a baby is born, we breathe air into the body. When her son committed suicide, she felt a fire, an anger in her body. She felt that she had to do something to survive, in order not to kill her fire or have it burn out. She turned to water to rejuvenate and survive. She said that this was the first time she heard of these elements presented together in a paradigm, and noted that it reminds us that we are and that life is all of these elements. It is whole if we allow it to be.

The Information Wheel


Ability to take action based on one's best thinking.
Ability to see, interpret and name what is being perceived.
Assumptions, interpretations, impressions, wonderings about what is being perceived.
All emotional responses to what is being perceived.
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Bill pointed out that, although it is presented as static, the wheel is very dynamic. It features the sharing of information, our history, our knowledge of others, and of self, and our shared experiences.

Mediators assist people to get information through each of the four components:

1. Perception - Perception involves seeing, understanding, and naming what we pay attention to in our experiences.

2. Feelings - Our feelings convey a great deal of information, if we can share them with relative ease. Our feelings, as Aboriginal people, are sometimes dulled because of past treatment by others that had led to deprivation of emotional needs; we are fearful of interpersonal closeness. Bill has met people in their 60s who do not remember ever being affirmed by others, who cry when told of a strength, a gift they possess, or a quality that is cherished.

3. Thoughts - Thoughts include our knowledge, beliefs, assumptions, and values.

4. Actions - Actions include our behaviour, the only aspect of the information wheel that is visible to others.

Sometimes, the people we work with are not in balance; for example,

1. they may be emotional, perhaps angry, and they cannot think clearly about anything; or

2. they make take action without any thought, and later, they may regret their action.

To enjoy relative balance and do good work as a helper, we need to use all elements of the wheel, and, in particular, their positive aspects. This model features balance and wholeness which are conditions for effectiveness. We need to be safe in order to see, to feel, to think, and to act. We need non-judgmental relationships to help us thrive, to grow, and to share in the world.

Denial can often be used as a personal safety mechanism. People who have not been supported and who have not had good mediation to do their own work may use this method to survive unsafe circumstances.

People need help to identify their feelings and to understand their reactions. It is important for caregivers to understand their personal reactions and responses. This helps us to recognize that the behaviours of others can be a way of managing oppressive ways of others or a way of dealing with pain and/or other aspects of their circumstances. As Renee Taylor said in her keynote address, our role as workers is to help people understand their behaviours and reactions as ways to survive in the situation.

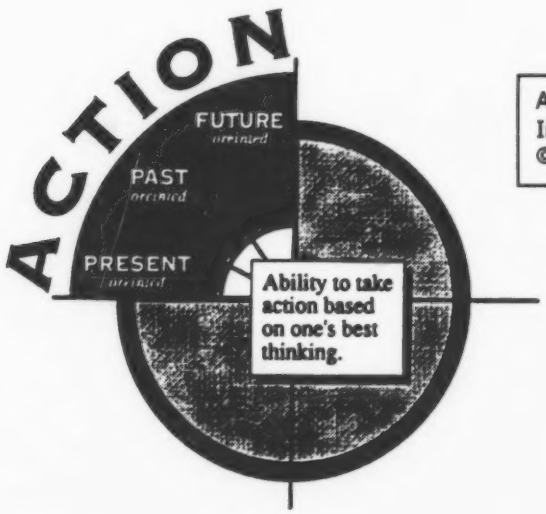
The way for any of us to help, learn, share, and grow is as a mediator, a friend, and someone who helps create a safe environment that permits others to see, feel, think, and perhaps change.

A participant said that he works a lot with elders, with the cosmos, and with a larger picture. He asked where the shaman, the wise elders, the priests, and those who are the most spiritual, fit in with these elements.

Terry: To apply the elements to the cosmos and to history is a new challenge for her. She has not questioned this up to this time. She invited the questioner to attempt to answer the question himself, 'because there is evidence that he has wondered about this matter in the past'. Terry suggested that this question showed good application of personal mediation and integration of learning. She added that she sees elders and medicine people as mediators of important cultural and spiritual teachings that enable us to develop our perceptions, feelings, and thoughts to our full potential.

Action Quadrant of Information Wheel

Many Aboriginal people do not know their personal, family, and community history. They are not able to discuss the cultural dimensions of their being and becoming. When we perceive reality from this stance, it is difficult for us to see it for what it is, because there is so little understanding. Sometimes, too, we are unable to project ourselves into the future. As some elders have taught, "without knowing our past (history), we cannot know our future". People who possess this knowledge are capable of changing self. The information wheel as a model can be used to support this process of change.



Action Quadrant of Information Wheel
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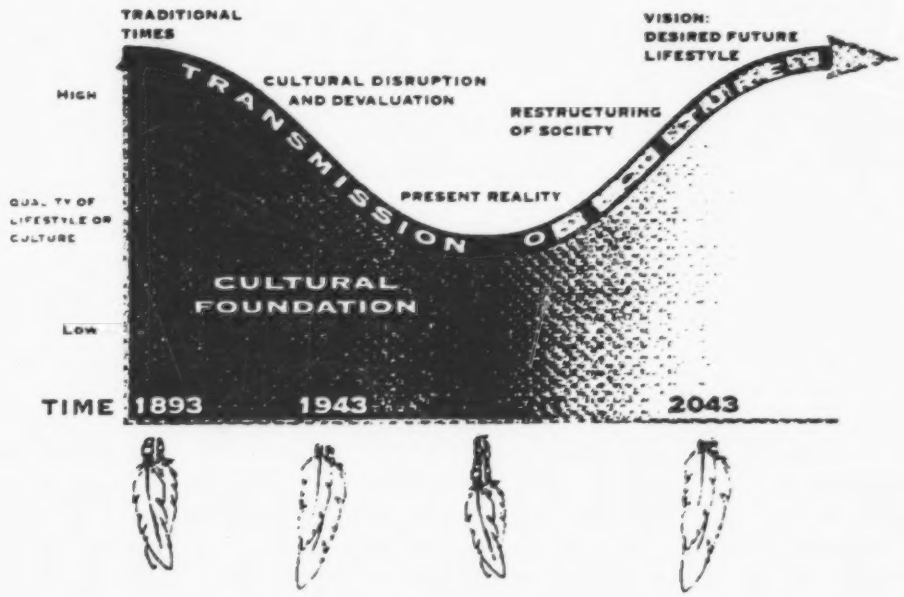
Some people are stuck in the present. They usually rely upon others to show them what to do. They worry about what others would say or do if they should make their own decisions, especially if they would be different from what is expected. They have been trained, through colonization, to 'do as they are told', and not to 'make waves'.

When we understand myths (false beliefs) about ourselves, we can begin to figure out what we need to do to change our lifestyles. We can free ourselves from being stuck in the present.

There are also people who, because of their pain, stay in the past. That is where they are most comfortable. Dealing with reality is too risky for them, so they do what they can to avoid it. They permit their pain, distress, or other strong feelings, including guilt and/or shame, to 'linger in the past'. Such people isolate themselves from others, including family members and people who were good friends.

As people interested and concerned about capacity building, we need to learn our history (about the past), share its truths, consider what is happening today, and be comfortable in considering tomorrow.

The Big Picture



THE BIG PICTURE
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Introduction

Bill introduced this picture, which highlights the continuity of time running from past to present to future and the importance of our ability to transmit culture from generation to generation. Such transmission has been difficult for us because of cultural disruptions such as major human losses due to epidemics (smallpox, tuberculosis etc.), disruptions to family life due to the removal of children to industrial (training) and then to residential schools, followed by removal to foster and adoptive homes as the boarding schools began to close.

Building the Cultural Foundation

This picture also highlights the importance of building the cultural foundation of our communities, a task made viable when we, the leaders, caregivers, parents, and other members, perceive ourselves as cultural workers, and take pride in our lifestyles shared with others who make up our respective communities. Passing on traditions (teachings of ways that work and are needed), values and beliefs, for example, is necessary and takes place at all times that we interact with others.

As we mediate the learning of self and of others, we transmit culture. We actively create and support 'learning how to learn' opportunities. The teaching/learning model features two persons, the learner and the mediator. The mediator places his or her self between the life experiences of the learner and the new information to be learned.

We see that we can make a difference together. We see that we need infants and children to teach and to remind us of the past and the importance of the future. We need healthy and nurturing caregivers to mediate and facilitate learning and life.

Defining Today's Reality

One of the biggest challenges facing Aboriginal people is to know where we are now. As Paulo Freire teaches, people who are in charge of their own lives make their own history. They are 'subjects' of life. Those who are not in charge of their own lives and who permit others to tell them how to live, are 'objects' of life. Knowing the forces that have contributed to our present lifestyle (the realities of the lifestyle) assists us a great deal when we seek to work today for tomorrow with clear intentions.

Community As Client

While delivering programs and services oriented towards individual human beings, we need to think of the community as a 'client'. The recipients of services are reliant upon others who constitute their support systems, especially those of family, friends, and colleagues. Strengthening these systems will do a great deal to assist someone experiencing imbalance because of a crisis or other reasons.

Our culture is based on the strengths of the whole, especially the family and the community. As time passes, we will rely more and more upon community in order to survive and thrive.

Kathy Absolon described a further dynamic that fits within the Big Picture. She pointed out that colonization happened with vigor. There was genocide. Extinguishment policies were enforced. As shown in the picture, these contributed to serious cultural disruption and devaluation.

Culture?

We have to consider what genuine culture is. So many of our people have been colonized and, as a result, have taken on the behaviours of other cultures, and know internalized racism, anger, and pain. As a result, we must pay serious attention to the what's and how's of genuine culture. Unfortunately, we have elders who abuse, who use culture in abusive ways, and who have been well taught by the precepts of colonization. We still have the Department of Indian Affairs controlling us, even though self-government is 'in the works'.

As community workers, leaders, teachers, helpers, and parents, we must know this history. We must also be sensitive to what is shared, because we are still in the process of discovering our true or genuine cultural ways.

Another participant noted that we often see people in our communities who take on the role of victim. Some people view this unfortunate situation as connected with the absence of ceremony connected with rights of passage. Such ceremony contributes strongly to one's personal identity. The person who enjoys personal pride, humility, and purpose transmits culture. He or she knows where they are going and move onward with purpose. Without opportunities to develop a strong personal and cultural identity, you find yourself in a canoe, in a big lake, without a paddle. The rights of passage can be viewed as your oars, the means to determine direction and make it across the water in order to reach your destination.

SATURDAY, 19 SEPT. 1998, SESSION A-4

PRINCE GEORGE HEADSTART PROGRAM BUILDING FOR THE FUTURE

Mary Clifford

INTRODUCTION TO THE SESSION

In Canada, Aboriginal Headstart programs are fairly new, and they are currently limited due to funding. We now know the positive legacy that Headstart programs will generate within the communities. I hope that by sharing our knowledge and experiences, communities will be encouraged to develop their own programs and that Aboriginal professionals will see how they fit into the Headstart realm through services such as legal aid and psychology.

Headstart is a viable and effective tool for capacity building for individuals, families and communities.

THE SESSION

Mary introduced herself, featuring her cultural roots. She described her experiences with institutionalized people and with spirituality. She showed her strengths focus by sharing the image of the partially filled glass.

Mary shared the metaphor of 'being in the river'. Do not be caught in the middle, where the world stays the same. Stick to and move along the edges where things mix up. Push the edges of your personal and professional life as this is how we truly grow.

Mary talked about the value of learning with children, who, for example, may see a chair as being somewhat like a tent. They have much to teach; they bring ecology to the adults. The Ojibway people have a saying that goes "When one person teaches, two people learn". This is the concept of Headstart--that our young children are also our teachers.

History of Headstart

Mary briefly described its American roots and the successful outcomes of the program. She talked about their urban program that serves a diverse cultural community at Prince George, B.C., which has geographical limitations for the dissemination of services.

Six Components of Headstart

These components are supported by research over a thirty plus year period in the United States.

1. Preschool Education
   - Kindergarten standards were used to guide the curriculum.
   - The curriculum was modified culturally (so children, for example, are able to identify with 'real' Indians).

2. Nutrition
   -A full breakfast or lunch is provided.
   -Nutrition is an educational component of the program.
   -A community garden was developed to address poverty and nutritional issues.
   -Use of traditional foods and methods are taught.

3. Health Promotion
   -Broad applications built into the program, including health unit staff, immunization and other early health processes etc.

4. Culture & Language
   -This is integrated across all curricula components.
   -The program has a language and cultural instructor from the local Aboriginal community.
   -Participants discuss some challenges about accommodating and delivering traditional languages.

5. Social Supports
   -Are there employment issues?)
   -Are there education issues?) supporting community development through our parents and their councils
   -Are there poverty issues?)

6. Parental Involvement
   -Parental involvement, in running the program, is recommended beyond supplemental funding (i.e. curriculum development & delivery, hiring of staff, all program policies, child/family selection into Headstart program);
   -Parental involvement should include 6 hours of volunteering each month.

Other Topics Covered

1. Discussion of design and layout of the centre.

2. Discussion of events and activities of a typical day, beginning with the bus trip and including meals, and play/learning activities.

3. Discussion of staffing model:
   -considering elimination of the manager's position;
   -family involvement worker;
   -medical professional supports (as needed);

-three teachers and targeting of complete Aboriginal staff;
-cook who also teaches cooking;
-bus driver; and
-anticipates that a special needs position will be filled;
-cultural and language instructor.

4. Discussion of challenges connected with special needs children such as ADHD and FAE/FAS:
-described how they: (a) extended the program to accommodate needs of a mother struggling with issues; and (b) worked successfully with challenging children and bridging with other schools.

5. Discussion of the development of local non-Aboriginal support.

6. Discussion of alternative sources of funding.

Funding

No fees are changed for the service. Mary reflected on the challenges connected with obtaining sufficient funds to establish and manage Headstart Programs on reserve and/or in other Aboriginal contexts. The lobbying of political forces is necessary to obtain the required financial and other resources. The need to meet required standards also adds to the financial demands.

The provincial Minister of Children & Families (BC) does not acknowledge a need to participate, so there are no funds from that source. One participant wondered about the high incidence of apprehensions of children and the possibility that Headstart Programs could mitigate this. It was suggested that the province may buy in, because drop-outs from the school system cost money. The federal government reimburses the province for each status child enrolled in the system.

Notes describing session #2 by Mary Clifford
follow on the next page.

SECOND SESSION: SATURDAY AFTERNOON--THREE/3

PRINCE GEORGE HEADSTART PROGRAM:
BUILDING FOR THE FUTURE
MARY CLIFFORD

"Grown men learn from little children for
the hearts of little children are pure, and therefore,
the Great Spirit may show them things
which older people miss."
Black Elk, Lakota

Mary Clifford is the Director of Health Services in the Prince George Native Friendship Centre which is the Project Sponsor for the Prince George Aboriginal Head Start Program, one of ninety-nine sites in Canada funded under Health Canada's Urban and Northern Aboriginal Headstart Program. The Prince George program has been in operation since September 1996, but its development and vision go back to 1994, when the Agency began to search for effective family and community based programming that would truly help to build their community's future.

Mary shared with the group her enthusiasm for the Aboriginal Headstart program, which is making an enormous difference in the lives of the children who participate and their caregivers. One of the most important features of Aboriginal Headstart is that it provides opportunities to support and empower parents and caregivers.

In consultation with Aboriginal groups in Canada, Aboriginal Headstart is an early intervention program for Aboriginal children and their families who live in urban centres and large northern communities. A second component for First Nation communities is currently being developed.

Mandate

The mandate of the Prince George Aboriginal Head Start Program is to:

- foster the spiritual, emotional, intellectual and physical growth of each child;
- foster a desire in the child for life long learning;
- support parents and guardians as the primary teachers and caregivers of their children, making sure parents/caregivers play a key role in the planning, development, operation, and evaluation of the program;
- recognize and support extended families in teaching and caring for children.
- make sure the local Aboriginal community is involved in the planning, development, operation, and evaluation of the program;
- make sure that the initiative works with and is supported by other community programs and services; and
- ensure that human and financial resources are used in the best way possible to produce positive outcomes and experiences for Aboriginal children, parents, families, and communities.

Components

The components of Head Start are:

1. Preschool Education

Programs across Canada may vary depending on a variety of factors including the needs of children in the local community and the availability of funding to provide complementary programming. Recognizing that First Nations, Metis and Inuit see children as their nations' most valuable resource, the Aboriginal Headstart initiative strives to provide comprehensive experiences for Aboriginal children, ages 0-6, and their families, with primary emphasis on preschoolers, 3-5 years of age. At the Prince George site, children aged 3 to 5 receive a quality preschool experience that prepares them for kindergarten.

Research regarding the long term programming in the United States indicates that when all of the six components are included in a program, children have a better outcome than those children who have not received this intervention. Aboriginal Headstart is committed to finding and sharing information that will lead to better outcomes now and also for succeeding generations. The Prince George program has developed its own longitudinal study for tracking children when they leave the program, and this will be implemented this year.

2. Nutrition

In the program, hunger is dealt with in a manner that does not stigmatize children. All children are provided nutritious food and learn valuable social skills during the preparation and sharing of food. Both staff and parents learn the relationship that nutrition has to children's ability to learn and to their physical and mental development.

3. Health Prevention

The initial interview provides opportunities to gather information about relevant family health histories and to identify problems that may affect learning. This process is ongoing. It focuses on holistic health and concerns itself with both Aboriginal concepts involving the balance of mind, body, and spirit, as well as providing linkages to all relevant medical and health services in the community. Researchers have found that linking families with local services is often more successful than creating new services or delivery mechanisms.

4. Culture and Language

The purpose of this component is to provide children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal language and experience of culture in their communities. Language and culture are the basis of all programming. Through the involvement of elders and other local resources, students learn the language, songs, and stories of the area. The student's learning is supported at home and parents and teachers may also participate in language and culture classes. The Culture and Language Instructor is one of the key staff.

5. Social Supports

The purpose of this component is to ensure that the families are made aware of resources and community services available to them that will impact their quality of life. It is necessary to provide support for the whole family. Parents and other family members need support to be better parents and caregivers. Also, some of the children may have undiagnosed special needs, including FAE/FAS, trauma induced delays, and speech and language needs, or they may be abused children. The Aboriginal Headstart program engages in a process of family goal setting and planning which starts with a beginning plan, that is developed in partnership with the parents. This plan, based on a strengths model, changes and becomes more focussed over time. In recognition of the importance and need to support families, the program employs a Family Involvement Worker, whose task is to support parents as primary educators.

6. Parental Involvement

The program respects parents and other caregivers as the primary support to children and project staff work with a Parent Advisory Council in all areas of the program, including the hiring of staff, selection and screening of children, policy and curriculum development, networking, etc. Parents contribute a minimum of six hours of volunteer time per month, based on their interest and availability.

"What one person teaches, two persons learn."
Traditional Ojibway saying as retold by Paul Shanks, Elder

SATURDAY, 19 SEPT 1998 - SESSION TWO/2

THE EXPERIENCE OF THE MIKON PROJECT AMONG ATIKAMEKU NATION

David Boivin, Wemolaci; Melanie Petiguay, Manawan; Ronald Anashish, Opetciwan

INTRODUCTION TO THE SESSION

Suicide is a problem that has hit and has been on the rise among the Atikamekw for the last three decades. In 1997, the rate was 5 to 10 times the provincial and national rates. The Conseil de la Nation Atikamekw (Atikamekw Nation Council) considered as a priority the implementation of a project aimed at bringing about an understanding of the problem (community self-diagnostic) in order to determine an appropriate social response to the problem.

The Mikon Program is different from other research projects because it essentially aims to start among the youth activities which support critical thinking (by means of participatory research-action). It does this by having them concentrate on the position they occupy in Amerindian society, on the relations they keep/nourish within their society, and on the contacts they have with external groups. The youth re-create for themselves a social and cultural space, which allows them to face the daily problems in an ever-changing society.

This re-creation essentially focuses on strengthening the capacity, potential, and abilities of the Amerindian youth by reinstituting the value of the cultural dimensions of community life. They use their own culture to reinforce social and individual protective mechanisms. The exchange of experiences between the Atikamekw communities and other Amerindian nations is also encouraged.

THE SESSION

A minute's silence was observed because of death of an elder at Manawan.

Points made in Opening Presentation

1. The Atikamekw people are very close to their culture. The traditional language is spoken by everyone.

2. The geographic location of each of the three communities was given. The Atikamekw people are the guardian of the Eastern door.

3. Problems that youth experience include sexual abuse, and the abusive consumption of alcohol and drugs.

4. The mandate of the program is to help the youth to regain balance in their lives and to help them find solutions to their problems.

5. The workers are not professionals. Recruiters looked for youth who knew the youth. The workers have to be visible at school and in other places frequented by youth.

6. Early in the job, the worker makes contact with important resource persons such as intervention workers, educators, and elders.

7. The workers organized and held meetings with groups of youth. Since only 10 to 15 attended these meetings, the worker visited the classes and spoke to the students about their concerns. This strategy did not work well either, so a conference was organized to address suicide, sexual abuse, addictions, etc.

8. Youth assisted in the working session dealing with suicide and related matters. They talked about conflicts with girlfriends/boyfriends and other personal problems.

9. A pow-wow was organized. It involved people of neighboring cultures including Ojibway and Cree. Participants of the area had never experienced a pow-wow and were very impressed with the activities. The organizer went from class-to-class to promote the gathering. Efforts to raise funds were also made, eventually with some success. The pow-wow theme was Awacak (meaning light).

A child is light. In our opening ceremony we honored one of our young university graduates, a genuine model, because so many people do not believe we have our own models. Many different ceremonies were conducted at the pow-wow, mainly to affirm the value of the youth and to expose them to other learning opportunities, such as setting up a teepee. Some of them had opportunities to dance in public.

A second worker described his experiences as a project worker:

1. The front-line workers do not do intervention work.

2. This worker thought the work would be easy. He discovered that it is very difficult because the youth are difficult to approach and are often aggressive. He is still searching for ways to approach them.

3. He visited a project addressing alcohol and drug abuse, the Tciman project. This project gives priority to the learning of the culture by the participants. The young people in his project also seemed difficult to approach.

4. When the person needing assistance has deep problems, a professional resource person is brought in.

5. This worker is confronted by complaints from youth that there is nothing to do, and when activities are organized, they do not participate. It is easy to become discouraged. Being a team member (with two others) helps me to continue to be involved.

The third worker, Melanie, spoke.

1. It is important to involve the resource people in the program.

2. Make the youth aware of who each of these resource people are so they are able to decide whom to contact when the need arises.

3. Should a transfer from one resource person to another take place, it is necessary to do an evaluation of that youth's condition (how depressed, angry, etc. is that youth?)

4. Information about the program and its activities has been shared widely.

5. At the youth conference we organized, we developed recommendations for action and later met with the chiefs of the communities, so they were aware of the needs and wants and had a chance to act on them.

6. The youth met with the community leaders around a fire. They talked freely about their problems; for example, they spoke about what broke their families, such as alcohol, suicide, and so on.

   Melanie said that her aunt committed suicide. That caused her to feel helpless. Her family helped her through her grieving, which continues to this day.

7. As project workers, we exchange ideas; we work as a team, together with the professional resource people.

8. Sometimes, parents come to talk with me. Sometimes, there are two and three families living in the same house so they do not have a safe place to talk about personal matters. Youth in the house do not have a safe place to talk either. Today, however, they do have a place to talk and to get some help.

David commented:

1. 70% of the population in the communities is youth.

2. Youth find it easier to communicate when they are in the bush. Nochmik means bush which means "where we come from".

3. Youth in my community like to sing, play the drum, and dance. In our activities they learn to respect others and their environment.

4. Most of the suicides are related to sexual abuse, drug/alcohol abuse and over-dose of chemicals. Today the youth are "yelling" for help. Some of them have attempted to take their own lives.

5. In school, we recognize the best students, sometimes by taking them on a trip. They are rewarded for a variety of achievements.

6. All of the activities are oriented toward cultural development and knowing the culture. Strengthening of personal cultural identity is a priority.

QUESTIONS

What do you do to have visible models such as the family?

Models are not visible. Most of them are outside of the community. We have one such family in our community. Other families have problems.

The group agreed that such visible models are very important. They should be actively involved in the program.

For special occasions, such as Christmas, we take a video camera into the homes to talk with the family members, show what they are doing and so on.

POSSIBLE RESOURCE

In 1977, a video entitled AWACAK, meaning child, was made. It is available in three languages: French, English, and Atikamekw.

CLOSING

The three presenters reminded participants that they are available throughout the time of the conference and would be pleased to discuss their project.

ABORIGINAL HEAD START INITIATIVE

PRINCE GEORGE ABORIGINAL HEAD START PROGRAM
BUILDING FOR THE FUTURE

PROGRAM PROFILE

HISTORY

The Prince George Aboriginal Head Start Program (PGAHSP), is a program delivered by the Prince George Native Friendship Centre since September 1996, though its development and vision go back to 1994 when our agency began to search for effective family and community based programs that would truly help us build our community's future.

Over the last half of 1994/95 fiscal year we planned and developed a purpose built site for the daily needs of three to five year old children. Our beautiful centre is located within the downtown residential area of Prince George and is truly a place where community development is demonstrated from a grass roots level.

Our vision has been larger than providing a quality preschool experience for the children from the program's inception. We have developed our own longitudinal study for tracking our children which will be implemented this year. We have developed a special needs component within our services and have developed real expertise in working with young children who have a variety of special needs including FAS/E, trauma induced delays, speech & language needs and abused children.

Our program respects parents and other care givers as the primary support to children, and we work with our Parent Advisory Council very closely in all areas of the program including hiring of staff, selection and screening of children, policy & curriculum development, networking, etc.

PGAHSP is a licensed preschool under the BC legislation of Community Care Licensing. We are networked with other resources including medical services, Child Development Centre, Infant Development Program, Bands and Tribal Councils, other Aboriginal providers, ministries and other agencies.

STATISTICAL PROFILE

CURRENT YEAR ENROLLMENT (SEPTEMBER 98 - JUNE 99)

41 confirmed
7 vacant spaces for children with special needs (one which remains open for children entering in crisis)
48 in total legal enrollment as per site specifics in Act
WAITLIST - 22 (growing)

TOTAL BUDGET $332,500 $6927.08 per child

LAST YEARS ENROLLMENT (SEPTEMBER 97 - JUNE 98)

TOTAL ENROLLMENT - 44

Single Parent	35	Male	27	Metis	10
Child in care	5	Female	17	First Nations: Carrier	17
2 Parent home	4			Cree	13
				Other	4
				Inuit	0
				Non Aboriginal	1

Waitlist - 37

Graduated (June) 20
Total Budget $330,000 **$7,500 per child**

FIRST YEARS ENROLLMENT (SEPTEMBER 96 - JUNE 97)

TOTAL ENROLLMENT - 46

Single Parent	35	Male	22	Metis	5
Child in care	7	Female	24	First Nations: Carrier	25
2 Parent home	4			Cree	13
				Other	2
				Inuit	0
				Non Aboriginal	1

Waitlist - 26

Graduated - 15
Total Budget $300,000 **$6,521.74 per child**

STAFFING MODEL

- Administration Program Supervisor via Director of Health (PGNFC)
- Manager
  Language & Culture Instructor
  Family Involvement Worker
- 3 Early Childhood Educators
- Cook
- Driver (maintenance)
- Others as needed: part-time bus driver
  : special needs assistant

FAMILY GOAL SETTING AND PLANNING

The Head Start program needs to get to know each new parent, and each new parent needs to find a way to get started with Head Start. A beginning plan, developed in partnership with the parents, will help the parent get the most out of the experience for him or herself, the family and the Head Start child.

There are some very important features of the process of family goal setting and planning that must be addressed, so the partnership develops successfully:

- The plan is not a one time event, or a form that is filled out during an opening interview or during enrolment. It must result from a process of interactions over a period of time.

- The purpose of the plan is to help the parents begin to think: how can we get the most out of Head Start? Since parents will understand this better and better as they participate in the program, the plan will change, and probably become more focused as time goes by.

- The planning process engages both the mother and the father or supportive person in the life of the family and the child.

- The plan needs to start with identifying goals based on strengths and interests, and then assessing needs that will help families reach their goals. It should not just focus on things that are wrong or that the staff wants to "fix".

- The plan can be developed in small pieces at a time. It can start with what is most important for the parents at that time, and identify some activities and timetables to carry out those immediate goals. Later other goals and interests can be added when the parents are ready.

- Whatever goes into the family's plan, the Head Start program and the parents need to decide how they will partner to carry it out, and how they will get together from time to time to see how things are going.

- By the end of the parent's experience with the program, the plan should have some closing activities that will help the parent move on. These closing activities should help the parents find other resources to help the family continue to develop its interests and strengths and meet its needs.

Vision:

⇒ A Family Involvement Worker supports families facing challenges.
⇒ A Family Involvement Worker builds on each parent's strengths and interests.
⇒ Head Start Program involves all staff in parental involvement.
⇒ A Family Involvement Worker identifies barriers to parent involvement
⇒ A Family Involvement Worker is able to assist in the Parent Committee Advisory elections, and sub-commiittees.
⇒ A Family Involvement Worker will be involved with group activities within the community.
⇒ The Parent Advisory Committee to network with other parents in other programs to create partnership.

Opportunities:

⇒ A Family Involvement Worker supports parents as primary educators.
⇒ The program supports parents as nurtures.
⇒ The program involves parents as advocates with the assistance of a Family Involvement Worker.

Strategies:

⇒ During recruitment the staff members are able to show families what is unique about the Prince George Aboriginal Head Start Program.
⇒ In orientation the program development builds on parents' interests.
⇒ The Family Involvement Worker uses a screening and assessment information package to support parents.
⇒ The program involves the parents in decision making.
⇒ The Family Involvement Worker supports families during transition to the mainstream programs, such as tracking families once they are in the public school system. The worker is able to meet with the school district to discuss the needs of the child or family before or during the placement. This normally takes place after graduation in early June or middle of October with phone calls or Family contact notes.

Other Ways The Family Involvement Worker Supports Parents:

⇒ One on One counselling or referrals.
⇒ Assist in letter writing and newsletters.
⇒ Assist in health/hygiene, education, nutrition, social services or other.
⇒ Parent Advisory Committee.
⇒ Special events with the children and families.
⇒ Clothing exchange.
⇒ Support worker for families in meetings, workshops or other.

Program Mandate

ABORIGINAL HEAD START INITIATIVE

ABORIGINAL HEAD START PROGRAM

MANDATE

The mandate of the Prince George Aboriginal Head Start Program is to:

- Foster the spiritual, emotional, intellectual and physical growth of each child.
- Foster a desire in the child for life long learning.
- Support parents and guardians as the primary teachers and caregivers of their children, making sure parents/caregivers play a key role in the planning, development, operation and evaluation of the program.
- Recognize and support extended families in teaching and caring for children.
- Make sure the local Aboriginal community is involved in the planning, development, operation and evaluation of the program.
- Make sure that the initiative works with and is supported by other community program and services.
- Ensure the human and financial resources are used in the best way possible to produce positive outcomes and experiences for Aboriginal children, parents, families and communities.

NATIVE MENTAL HEALTH ASSOCIATION OF CANADA '98 CONFERENCE

WORKSHOP SESSION

***PRESENTERS*: M. Terry Adler and W. J. (Bill)Mussell**

***TITLE*: MAKING WAVES-CAPACITY BUILDING BY CONNECTING INNER AND OUTER WORLDS**

DESCRIPTION

Change agents in these times of rapid change and challenges must have the ability to "learn how to learn". Those empowered with this capacity can assist others to develop their powers to deal effectively with both the inner and outer worlds each of us occupies. In this session, Terry and Bill will present and discuss what such people do, how and why they do it, drawing on the contributions of Paulo Freire and Dr. Reuven Feuerstein.

OBJECTIVES

Participants in this session will increase their awareness and understanding of knowledge and skills necessary to undertake capacity building in Aboriginal contexts by examining the following models:

1. **The Big Picture.**

   This describes the historical context, linking present realities to the past, and showing both the importance of defining a vision for the desired future and the value of combining traditional and contemporary knowledge in building the future.

2. **The Mediated Learning Experience.**

   This theory describes how culture is transmitted within the family and community by those capable of intentionality, reciprocity, meaning and transcendence.

3. **The Awareness Wheel.**

   This is a model of the powers given by the Creator to all human beings;

namely, the power of perception, feeling, thought, action and volition. Though deprivation, oppression and trauma my block these powers, effective mediation can help a person access and channel these positively.

4. Earth, Air, Fire, Water.

These four elements, used as metaphors for personality, provide a non-judgmental way to describe how people teach, learn, communicate and interact.

BIOGRAPHICAL SKETCHES

Margaret Terry Adler

Terry is a career social worker and registered art therapist who has specialized in a wide range of health programming for Capilano College and the Sal'i'shan Institute. She worked with children and adolescents requiring residential treatment for many years and now focuses on work with adults who have suffered traumas in their lives. She has served on Sal'i'shan's faculty since 1988.

Terry makes her home in West Vancouver where she makes time to share her knowledge and talents doing voluntary work with various non-profit service organizations.

William J. (Bill) Mussell

Bill has thirty-five years of professional work in the justice, human services, health and education fields. His employment history includes management at the Band, regional and national levels. He was the first member of his Sto:lo village to graduate from high school and to obtain a post-secondary education. He has university credentials in social work, teaching and adult education and has taught a variety of courses at the college and university levels.

Bill is the principal educator and manager of the Sal'i'shan Institute, a private, non-profit, post-secondary organization, that specializes in the development and delivery of programs tailored to meet needs and wants of First Peoples. The Institute was incorporated in 1988, functions as a college without walls, and is based at Chilliwack Landing (on Skwah Reserve). It was created because mainstream colleges and universities have had minimal success in meeting needs of adult learners with ambitions to bring holistic health, social wellness and economic well-being to indigenous families and communities.

Bill is married and has two daughters. His wife, Marion, who is of Oneida culture, also serves on the faculty of the Sal'i'shan Institute.

MEDIATED LEARNING

Mediated learning is a special type of interaction that facilitates learning how to learn. Unlike learning that occurs when behaviour changes as a result of interaction between the learner and the environment, mediated learning occurs when behaviour changes due to social interaction in which a more knowledgeable other comes between the learner and the environment to expand the learner's understanding and flexibility in thinking.

With a sufficient degree of high quality mediated learning, learners will:

1. develop the ability and desire to adapt to new situations
2. learn how to learn
3. transfer what is learned from one situation to another, and
4. become active generators of information.

Without a sufficient degree of high quality of mediated learning, learners will:

1. develop bad habits for learning
2. transfer very little of what is learned from one situation to others
3. display limited motivation to learn independently, and
4. become passive recipients of information

Not all social interactions involve mediated learning, nor is an adult always the mediator and a younger person the recipient, the one who is learning how to learn. People engage in mediated learning interactions at any age, either as the mediator or the recipient. Under normal conditions, humans are naturally inclined to transmit their culture, their values, and ways of perceiving. As a result, objects and events take on meaning that goes beyond the immediate needs of a given situation.

In all human cultures mediated learning occurs naturally unless the culture is suffering from harsh and unusual circumstances. Culture provides the content for what adults teach young people. Mediated learning helps them learn how to learn the culture.

Inuit people teach their children about many different types of snow and how to survive in extremely cold temperatures. People from desert cultures are much more interested in teaching their children about many different kinds of sand and how to survive when water is not plentiful. Bedouins think just as beautifully as Inuit. They can solve as many problems, make judgments, and reason just as well. What each culture knows about the world is quite different. Their ability to learn is equal.

Culture plays another important role in cognition as well. It is only through sharing with children of past events and those events planned for the future that they can acquire knowledge of things not directly available for exploration in the world around them. The child is enriched with content such as how great-grandmother was a nurse in World War I and me great-grandpa in France. But the sharing of culture also produces new needs and ways of relating to the world.

The most common initial reaction received when describing mediated learning to teachers and other professionals is the following: "What's so different about that? Isn't mediated learning just good teaching and good parenting?" The answer would be "Yes", only if we lived in a world with one common culture and excellent social and health conditions. Because we live in a world with cultural alienation and social and health problems everyday, we are continuously faced with situations where good teaching and good parenting are too simplistic an answer, even if we could assure their occurrence. Therefore, we need to be able to recognize and refine our use of mediated learning.

THE ABC'S OF MEDIATED LEARNING

Mediated learning is a special type of interaction in which one person helps another connect ideas in a manner that leads to an expanded understanding of the world and flexibility in thinking.

In order to provide mediated learning, you must do four things:

1. Display intent by focusing the learner's attention on your selected purpose for the learning experience.

2. Maintain reciprocity by adjusting your communication to match the learner's cues.

3. Share meaning by helping the learner experience the situation in a manner that makes it important or significant.

4. **Guide transcendence by helping the learner go beyond the present situation by making connections to past and/or future experiences especially by focusing on similarities and differences in the learning process needed in each situation.**

In today's and tomorrow's world, teachers and other professionals meet learner needs and prevent failure when they understand mediated learning and use it as a tool for helping people learn how to learn by directly focusing on building blocks of thinking and tools of independent learning. For our present and our future, we cannot leave mediated learning to chance.

Adapted from
COGNET 1994

Making Waves-Capacity Building by Connecting Inner and Outer Worlds
Presenters: Bill Mussell and M. Terry Adler
Workshop Handout

INSTRUMENTAL ENRICHMENT COGNITIVE FUNCTIONS

I. Gathering all the information we need (Input).
   1. Using our senses (listening, seeing, smelling, tasting, touching, feeling) to gather clear and complete information (clear perception).
   2. Using a system or plan so that we do not skip or miss something important or repeat ourselves (systematic exploration).
   3. Giving the thing we gather through our senses and our experience a name so that we can remember it more clearly and talk about it (labelling).
   4. Describing things and events in terms of where and when they occur (temporal and spatial referents).
   5. Deciding on the characteristics of a thing or event that always stay the same, even when changes take place (conservation, constancy, and object permanence).
   6. Organizing the information we gather by considering more than one thing at a time (using two sources of information).
   7. Being precise and accurate when it matters (need for precision).

II. Using the information we have gathered (Elaboration).
   1. Defining what the problem is, what we are being asked to do, and what we must figure out (analyzing, disequilibrium).
   2. Using only that part of the information we have gathered that is relevant, that is, that applies, to the problem and ignoring the rest (relevance).
   3. Having a good picture in our mind of what we are looking for, or what we must do (interiorization).
   4. Making a plan that will include the steps we need to take to reach our goal (planning behaviour).
   5. Remembering and keeping in mind the various pieces of information we need (broadening our mental field).
   6. Looking for the relationship by which separate objects, events, and experiences can be tied together (projecting relationships).
   7. Comparing objects and experiences to others to see what is similar and what is different (comparative behaviour).
   8. Finding the class or set to which the new object or experience belongs (categorization).
   9. Thinking about different possibilities and figuring out what would happen if you were to choose one or another (hypothetical thinking).
   10. Using logic to prove things and to defend your opinion (logical evidence).

III. Expressing the solution to a problem (Output).
   1. Being clear and precise in your language to be sure that there is no question as to what your answer is. Put yourself into the "shoes" of the listener to be sure that your answer will be understood (overcoming egocentric communication).
   2. Thinking th8ings through before you answer instead of immediately trying to answer and making a mistake, and then trying to again (overcoming trial and error).
   3. Count to ten (at least) so that you don't say or do something you will be sorry for later (restraining impulsive behaviour).
   4. If you can't answer a question for some reason even though you "know" the answer, don't fret or panic. Leave the question for a little while and then, when you return to it, use a strategy to help you find the answe (overcoming blocking).

Making Waves-Capacity Building by Connecting Inner and Outer Worlds
Presenters: Bill Mussell and M. Terry Adler
Workshop Handout

THE MEDIATED LEARNING EXPERIENCE AND CLASSROOM ACTIVITY

The characteristics of the mediated learning experience as outlined by Reuven Feuerstein in the Instrumental Enrichment Program provide a road map for a methodology in the classroom situation. While the characteristics are most directly obvious during the teaching of a particular exercise in one of the fourteen Instruments of the FIE program, they also serve as guidelines for other learning situation in the school.

Feuerstein lists ten characteristics of the mediated learning experience:

1. Intentionality and Reciprocity.
2. Transcendance.
3. The Mediation of Meaning.
4. The Mediation of Feeling of Competence.
5. Mediated Regulation and Control of Behaviour.
6. Mediated Sharing Behaviour.
7. Mediation of Individuation and Psychological Differentiation.
8. Mediation of Goal Seeking, Goal Setting, Planning, and Goal Achieving Behaviour.
9. The Mediation of Challenge: The Search for Novelty and Complexity.
10. The Mediation of Self Awareness.

1. Intentionality and Recriprocity:

In contradistinction to the randomized experience of direct stimuli and often chaotic happenings in the lives of high-risk students, the mediated learning experience provides goal direction, selection, definition, and contextual relationships. The volitional intentionality of the mediator intervenes to select, frame and colour the experience so that the individual perceives and interprets the stimuli in a meaningful way. The mediator tries to share intentions with the mediated. It is a mutual process involving growing awareness on the part of two individuals. There is a give and take that results in combined appreciation and understanding of what is being experienced.